



Food Establishment Application

Date: ____/____/____

Type of Establishment Permanent \$200
(Check one only): Seasonal (>=8 mos.) \$100
 Temporary* \$20/day

Are you a School, Govt. No
Agency, or Fee-Exempt Yes
Institution?

Establishment Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Main Email: _____ Fax: _____

Days/Hours of Operation: _____

Owner Name: _____

Owner Address : _____ City: _____ State: _____ Zip: _____

Phone: _____ Owner Email: _____

Manager Name (if different from owner): _____

Where would you like your Permit/Bills sent to: Establishment Owner Other: complete below...

Other Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Billing Email: _____ Fax: _____

Name of Certified Food Safety Manager: _____ Expiration Date: ____/____/____

Certificate Number: _____ (Certificate or copy thereof must be available on the premises of an establishment or temporary event location at all times.)

FOR MOBILE ESTABLISHMENTS- please list Commissary Info Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Is the commissary inspected by a Local Health Department?: Yes No County: _____

If yes, is there a written commissary agreement: Yes No (If Yes, Please provide a copy of agreement)

FOR SEASONAL OR TEMPORARY ONLY: Dates of operation: ____/____/____ thru : ____/____/____

The undersigned applies for a license to operate a food service establishment pursuant to retail food establishment sanitation requirements in Dubois County Ordinance 2016-05, and the Indiana Food Code 410 IAC 7-24. The undersigned certifies that the establishment will be operated and maintained in accordance with this ordinance and food code. If not followed, the undersigned agrees that license can be revoked.

Applicant's Signature: _____ Date: ____/____/____

*(Page 2 is required for Temporary and Mobile Establishments only)

FOR TEMPORARY AND MOBILE UNITS ONLY:

Event Name(s): _____

Type of Structure: Trailer Truck Cart Tent Building

Type of Hand Washing: Hand Sink Thermos with Spigot

Type of Dishwashing: Three-compartment sink Tubs/Buckets

1. List all food and beverages to be prepared and served: _____

2. List food items that will be prepared at other locations and brought to the event:
