



Parke County Health Department

116 W High Street Room 12
Rockville, IN 47872
parkehealth@parkecounty-in.gov

Phone: 765-569-6665
FAX: 765-569-4061
parkecounty-in.gov

2017 Annual Food Permit Application and Bill

(Please Print or Type Clearly)

This is the Application form for your Operating Permit for Food Service Establishments, Markets, and Caterers. **YOU MUST FILL OUT ALL INFORMATION OR THIS APPLICATION WILL NOT BE PROCESSED. A LATE FEE OF \$50.00 WILL BE ADDED IF POSTMARKED AFTER DECEMBER 31ST.** We will accept Cash, Check, Money Orders, Discover, Visa, or Mastercard (credit/debit card processing fee applies), if using a card and paying by mail you will need to print, fill out, and mail page 4 with this application. **YOU NEED TO SEND A SELF-ADDRESSED, STAMPED ENVELOPE WITH YOUR APPLICATION IF YOU WOULD LIKE YOUR PERMIT SENT TO YOU BY MAIL, otherwise it will be in the Health Department for you to pick up during regular business hours between 9AM-3PM Monday through Friday.**

Establishment Name: _____

Establishment Address: _____

Establishment Telephone #: _____

Owner's Name: _____

Owner's Mailing Address: _____

Owner's E-mail Address: _____

Owner's Telephone #: _____ (for Recall Notices/Emergency ONLY)

Owner's Fax Number: _____ (for Recall Notices/Emergency ONLY)

Operator: _____

(Person directly responsible for Establishment i.e. Manager)

Operator's Mailing Address _____

District Manager (if applicable): _____

(Name of the person who functions as the Supervisor of the person specified above i.e. Zone, District or Regional Supervisor)

District Manager Mailing Address: _____

District Manager Telephone #: _____

Certified Food Handler: name _____

* certificate number _____

(If applicable, you must have a certified food Handler on Staff. **This information must also be available at the establishment.**)

Please check only ONE Menu Type

Select Menu Type AND Number of Employees to determine fee:

MENU TYPE	NUMBER OF EMPLOYEES	FEE	SELECT ONE
1 Pre-packaged potentially hazardous foods only. Limited preparation of nonpotentially hazardous foods only.	1-5 employees	\$30.00	
	6 + employees	\$45.00	
2 Limited menu (1 or 2 main items). Pre-packaged raw ingredients are cooked or prepared to order. Retail food operations exclude deli or seafood department. Raw ingredients require minimal assembly. Most products are cooked/prepared and served immediately. Hot and cold holding of potentially hazardous foods is restricted to single meal service. Preparation processes requiring cooking, cooling, and reheating are limited to 1 or 2 potentially hazardous foods.	1-10 employees	\$60.00	
	10 + employees	\$80.00	
3 Extensively handling of raw ingredients. Preparation process includes the cooking, cooling, and reheating of potentially hazardous foods. A variety of processes require hot and cold holding of potentially hazardous food. Advance preparation for next day-service is limited to 2 or 3 items. Retail food operations include deli and seafood departments.	n/a	\$100.00	
4 Extensive handling of raw ingredients. Preparation processes include the cooking, cooling, and reheating of potentially hazardous foods. A variety of processes require hot and cold holding of potentially hazardous foods. Food processes include advanced preparation for next-day service. Category would also include those facilities whose service population is highly susceptible.	n/a	\$125.00	
5 Extensive handling of raw ingredients. Food processing at the retail level, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.	n/a	\$125.00	
6 <u>Late Fee</u>	n/a	\$50.00	

Important Reminder: Should any person or persons listed change, you must notify the Parke County Health Department by mail or a phone call to our office.

Applications are available at www.parkecounty-in.gov on the Health Department page. If you cannot download from the website, please call 765-569-4071 or 765-569-6665 to make other arrangements.

Hours of Operation:

Sunday _____ Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____ Saturday _____

I, attest to the accuracy of the information provided in this application. I will comply with this ordinance and allow the Parke County Health Department access to this establishment and all records or information pertinent to the inspection as specified in 410 IAC 7-15.5 and 410 IAC 7-24.

Date of Application: _____

Amount Enclosed: _____

Signature of Owner or Manager: _____

Credit/Debit Card Payment Authorization Form

Please complete and sign this form to authorize the Parke County Health Department to make a debit to your credit/debit card listed below. By signing this form you give us permission to debit your account for any fees due.

Please complete the information below:

I, _____ authorize the Parke County Health Department to charge my credit card account in an amount due for licenses, permits, or vital record searches and productions on or after _____.

Signature _____

SIGNATURE DATE I authorize the above named to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is good for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Name _____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

****Disclaimer: The Parke County Health Dept will not retain credit/debit card information, upon authorization of applicable fees, everything below line will be destroyed.**

Transaction will include at minimum a \$1.00 convenience fee or if the transaction is more than \$33.00, a 3% convenience fee.

Office Use Only:

Authorization Number _____ Initials _____ Date of transaction _____

Account Type: Visa MasterCard Discover

Account Number _____

Expiration Date _____

3 Digit Security Code _____