Annual Retail Food Permit Application

# Restaurant Grocery Permit Fee: $160.00

**Caterer/Mobile Vendor: $200.00 per vehicle Mobile Pre-Packaged Frozen Food: $100.00 per vehicle**

(Make check or money order out to the Rush County Health Department)

Email application to: rcdh2@rushcounty.in.gov or drop off in office

**Please be advised that after the expiration date on the permit, there is a late penalty equal to the permit cost.**

Business Name: Phone Number: \_

Address: City:. St: \_\_\_ Zip Code. \_\_

**(REQUIRED UNDER 410 IAC 7-22)**

Name of Certified Food Handler Date Expires. \_\_\_\_\_\_\_\_

Owner Name: \_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_

Business Phone: Home Phone: City: \_

# Mailing Address: State Zip Code. \_\_\_\_\_\_\_\_

Operator/Manager Name: Address: \_

City::

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_

**Vending Machines Only:** Name of ALL businesses where vending machines are located (use back)

Name: \_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: .State: 'Zip: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Number of Machines containing Potentially Hazardous Foods: \_

# Water Supply: Well: City: Sewage: .Septic \_ City \_\_\_\_ \_

Hours of Operation: Liquor License:

List Names and Address of suppliers of the following products:

No

Yes If yes number \_\_\_ \_

Bakery:. Dairy: Meats:. Produce:.

# For Rush County Health Department Use Only:

Establishment# \_ Permit#

Restrictions: \_\_