

MIAMI COUNTY HEALTH DEPARTMENT
FOOD PERMITS
25 Court Street, Room 211
PERU, IN 46970
Phone: 765-473-0284; 765-473-0283; fax 765-473-0285

APPLICATION FOR A TEMPORARY PERMIT TO OPERATE A RETAIL FOOD ESTABLISHMENT

Application is hereby made for a permit to operate a retail food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 7-24 and Miami County Food Operation Ordinance 7-18-05 or any subsequent regulations. It is further agreed that the establishment shall be open to inspection by agents of the Miami County Health Department. Application for the permit shall be made seven days prior to the event. Signing this document allows the Miami County Health Department to make all needed inspections.

THIS PERMIT IS NON-TRANSFERABLE

You must fill out this form completely and accurately. Return the **signed original form** and the **proper fee Temporary food \$10.00 per day not to exceed \$30.00 per event.** to the Miami County Health Department.

No Personal checks. A separate permit shall be required for each retail food establishment operated by any person. Submitting does not guarantee a permit will be issued. Late Fee: \$25.00.

Non-profit organizations

No permit fee shall be paid by an organization that is exempt from the Indiana gross income tax under IC16-42-5-4 If: Members of the organization prepare the food that will be sold; Events conducted by the organization under this section take place no more than thirty days in any calendar year; The name of each member who has prepared a food item is attached to the container in which the food item has been placed. This section does not prohibit an exempted organization from waiving the exemption for a license under this chapter. A copy of Indiana Sales Tax Exemption required. Our organization waives the exemption provided by IC 16-42-5-4 for the time listed on this permit.

Signed: _____

Title: _____ Date: _____

Event Name: _____

The name commonly used for the event.

Location of Event: _____

The physical location of the event.

Date(s) of event: From: _____ **to** _____ **Hours open:** _____ **to** _____

Establishment Name: _____

The name used on the food stand.

Business Owners Name: _____

The person or corporation which owns the business. In a small business this may be the manager.

Telephone: _____ **Fax:** _____

The phone number of the businesses home office.

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

The legal mailing address of the business by which the local operator or manager may be reached.

(Continued on back.)

On-Site Manager's Name: _____

The person responsible for the daily operation and is available at the business.

Certified Food Handler's Name: _____

Certificate and photo ID card must be available at establishment & a copy of each sent with application

Local Telephone: _____

Number which contacts the local manager in case of emergency. (Pager Cell Phone etc.)

Type Food Sold: _____

Indicate specific major menu items if food is prepared and served.

Where is Food Prepared: _____

Indicate on site or other location.

All codes contained in the Indiana State Department of Health Title 410 IAC 7-24 apply. This includes the requirement of back-flow devices, handwash sinks and three compartment sinks. Grey water is considered sewage and must be removed in an approved method. The dumping of sewage of any kind on the ground is a violation of Miami County Ordinance and fines may be charged. We agree to follow all Indiana State Department of Health & Miami County rules. We further agree to allow food inspections of our establishment.

Signature: _____ **Title:** _____

(The person who fills out the application needs to sign it, plus title.)

Print Name: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY

Receipt Number: _____ Date Issued: _____

Payment Received:\$ _____ Date Expires: _____