

**MONTGOMERY COUNTY
HEALTH DEPARTMENT
110 W. South Boulevard, Suite 100
Crawfordsville, IN 47933
Phone: 765-364-6440
Fax: 765-361-3239**

ANNUAL FOOD PERMIT APPLICATION

Application is hereby, made to permit to operate. By this application, it is agreed that the establishment will comply with the provisions the Indiana State Department of Health title 410 IAC 7-20 requirements. It is further agreed that said establishment shall be open to inspection by the Montgomery County Health Department, Montgomery County Ordinance 2003-1. The following information must be filled out completely and submitted along with payment within 30 days of permit expiration.

Establishment Name _____

Address _____

Owner's Name _____

Owner's Mailing Address _____

Manager/Operator _____

Hours of Operation _____

Is the establishment connected to a well? _____

If so, are water reports submitted to our office quarterly? _____

Please note food permits are non-transferable. Permit issued applies only to the above owner.

A new permit must be obtained whenever there is a change in ownership or operator. The food permit issued applies only to the above specified establishment and cannot be used to cover different establishments or locations.

Please note that all remodeling must be pre-approved. You may contact our department for information on the plan review process.

Signature of owner/manager signifies that the above information is true and correct to the best of his/her knowledge.

Name: _____

Date: _____

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Please check the appropriate permit amount

(2 part-time employees count as 1 full-time employee)

Permanent Food Establishment

1-10 employees \$ 75.00

More than 10 employees \$ 125.00

Grocery Stores

Up to 10,000 sq./ft. \$ 75.00

10,001 to 35,000 sq./ft. \$ 125.00

35,000 to sq./ft. and up \$ 175.00

Seasonal

Single Season \$ 25.00

Dual Season \$ 50.00

Triple Season \$ 75.00

Not for Profit Organization

Waived

Please provide Tax ID Number _____

Signature of owner/manager signifies that the above information is true and correct to the best of his/her knowledge

Name: _____ Date: _____

For official use only	
Received Payment	
Receipt Number	
Date	
Permit Number	
Permit Issued	

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Temporary Food Permit Application

The following information must be filled out COMPLETELY and payment must be received in our office 30 days prior to the festival before the permit will be issued. Cost is \$15.00 dollars for 3 days, \$2.00 dollars for each day thereafter.

By this application, it is agreed that the establishment will comply with the provisions the Indiana State Department of Health title 410 IAC 7-20, It is further agreed that said establishment shall be open to inspection by the Montgomery County Health Department under *Montgomery County Ordinance 2003-1*

Name of temporary establishment _____

Name of festival to be attended _____

Address/Location of food establishment _____

If you are renting space, property owner's name, address and phone number _____

Applicant Name _____

Address _____

City _____ State _____ Zipcode _____ Phone Number _____

Source of Water _____ If private well, has results been sent to our office? _____

How will waste water be disposed of? _____

Submit a list of ALL food items that will be served _____

Submit a list of ALL food suppliers: _____

Note: all food, including ice, must come from an approved, licensed source and can not be prepared or stored in the home. All preparation must be done in a licensed kitchen or on site.

How will excess quantities of food be stored outside of the temporary food establishment? _____

Will a Hand Washing Station with warm water, soap and paper towel be set up in the food preparation area?

Note: Each temporary must have its own hand washing station on site.

(finish on back)

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Temporary Food Permit Application

Are you using food grade hose? _____

Do you have a back flow device on your water source? _____

Do you have a food handler's certificate? _____ Expiration Date: _____
If the answer is yes, please enclose a copy of certification with your application.

Indiana State Law requires that all food vendors must have their food handler certification by Jan. 2004

By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule Title 410 IAC 7-20. It is further agreed that said establishment shall be open to inspection by Montgomery County Health Department. A penalty will be assessed to those who do not register and prepay for their food permit 30 days prior to the function.

Please include a self-addressed stamped envelope to have your receipt mailed back to you
Thank You.

FOR OFFICIAL USE ONLY	
Received Payment	_____
Receipt Number	_____
Date	_____
Permit #	_____
Permit Issued	_____

For Not For Profit Organizations
Federal Tax ID # _____

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