

Henry County Health Department

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Public Health
Prevent. Promote. Protect.

Retail Food Establishment Permit Application

Name of Establishment _____

Address of Establishment _____ City _____ Zip _____

Telephone _____ Fax _____ Number of Employees _____

Name of Owner/Corporation _____ Telephone _____

Address of Owner/Corporation _____ City _____ State _____ Zip _____

Email Address _____

Hours and days of operation _____

Water supply (check one): Private Well _____ Public (city water supply) _____

Name of Certified Food Handler _____

Certified Food Handler # _____ Expiration Date _____

Send mail to which address? (Please select one) Establishment Owner/Corporation

Required Permit Fee (Please check one)

MENU TYPE	ANNUAL	SEASONAL
1	\$100.00	\$50.00
2	\$125.00	\$75.00
3	\$150.00	\$100.00
4	\$175.00	\$125.00
5	\$200.00	\$150.00

RETAIL FOOD ESTABLISHMENTS WHICH OPERATE LESS THAN SIX (6) MONTHS DURING ANY ONE CALENDAR YEAR SHALL BE CONSIDERED SEASONAL. I/we attest that the above information is accurate to my/our knowledge at this time. I/we further agree to comply with all applicable Henry County, Indiana ordinance and laws to include allowing the Henry County Health Department access to the establishment as required. I/we understand that this permit is non-transferable and that the associated fees are non-refundable. I/we further understand that a 25% delinquent permit renewal fee will be added after 30 days to all late renewals.

Signature _____ Date _____

For Office Use Only

Receipt/Permit Number _____

Permit Fee Paid _____

Issue Date _____

Expiration Date _____