

**ELKHART COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
4230 ELKHART ROAD, GOSHEN, IN 46526 PH. 574-875-3391**

****APPLICATION FOR 2008 ELKHART COUNTY FOOD SERVICE LICENSING PAGE 1****

Please complete all sections

NAME OF ESTABLISHMENT _____ RENEWAL
 NEW
 CHANGE OF OWNER

ESTABLISHMENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____ FAX NUMBER _____

TOWNSHIP _____ ESTABLISHMENT PHONE () _____

(If owner is a corporation or partnership Page 2 of application must be completed) Check here when completed

NAME OF OWNER _____ OWNER'S PHONE () _____

OWNER'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER'S SIGNATURE _____ DATE _____

WATER SUPPLY _____ PUBLIC _____ PRIVATE (WELL) _____

WASTE WATER DISPOSAL _____ MUNICIPAL _____ ON-SITE SYSTEM (SEPTIC SYSTEM) _____

Certified food handler _____ Type of Certification _____ Certificate # _____

Exporior, Serve Safe, National Registry

PLEASE LIST HOURS OF OPERATION

	Months <small>(ex: Jan-May)</small>	Days <small>(ex: Mon-Fri)</small>	Hours <small>(ex: 8 am-5pm)</small>
If your operation has different days/hours by season please list them separately. For example, list the Summer Months, Days and Hours on the top line and the Winter schedule on the bottom line.	_____	_____	_____
	_____	_____	_____

PLEASE INDICATE TYPE OF OPERATION:

(011) FULL SERVICE _____ (013) FAST FOOD _____ (014) BAR _____ (015) SCHOOL _____

(021) SUPERMARKET _____ (022) CONVENIENCE (NO FOOD PREP) _____ (023) CONVENIENCE W/FOOD SERVICE _____

(016) MOBILE _____ NUMBER OF UNITS _____ (031) OTHER _____ (DESCRIBE) _____

(018) VENDING W/FOOD PREP _____ (019) VENDING W/WAREHOUSE ONLY _____

(020) VENDING W/OUT OF COUNTY COMMISSARY _____ NUMBER OF MACHINES _____

- FEES:** Full Service (food services, commissaries with food prep, supermarkets & Convenience w/food service), \$150.00 April 1 to March 31
- Limited Food Service (convenience store), \$85.00 April 1 to March 31
- Mobile Units (must have licensed commissary) \$75.00 for 1st unit, and \$40.00 for each additional units.
- Temporary Food Service Establishment Permit (1-7 Days), \$40.00
- Temporary Food Service Establishment Permit (8-14 Days), \$70.00
- Commissary Vending Permit (Warehouse), \$85.00
- Vending Permit (1-30 Machines), \$75.00 Vending Permit (51-100 Machines), \$165.00
- Vending Permit (31-50 Machines), \$115.00 Vending Permit (101 + Machines), \$225.00
- Vending Involving On-Site Preparation, \$150.00

PLEASE ** MAKE ALL CHECKS PAYABLE TO ELKHART COUNTY TREASURER**

FEES FOR RELIGIOUS, CHARITABLE OR EDUCATIONAL ORGANIZATIONS ARE ONE-HALF THE ABOVE FEES IDENTIFIED FOR EACH CATEGORY AND MUST BE ACCOMPANIED BY A COMPLETED APPLICATION AND A COPY OF YOUR PROOF OF STATE INCOME TAX EXEMPTION.

PLEASE NOTE: AN APPROVED FOOD SERVICE LICENSE MUST BE RECEIVED PRIOR TO OPENING ANY TYPE OF FOOD SERVICE. FDAPP

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****APPLICATION FOR 2008 ELKHART COUNTY FOOD SERVICE LICENSING PAGE 2****

Please complete all sections

NAME OF ESTABLISHMENT _____

(complete relevant section below)

Ownership by Partnership List all partners and percentage ownership

A copy of the partnership agreement must be provided

- | | |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

Ownership by Corporation List all officers and shareholders of corporation and percentage ownership

A copy of the articles of incorporation must be provided

President _____

Vice President _____

Secretary _____

Treasurer _____

A COPY OF THE REQUIRED PAPERWORK MUST BE RECEIVED BEFORE A FOOD SERVICE LICENSE WILL BE ISSUED.