

**Noble County Health Department  
2090 N. State Road 9, Suite C  
Albion, IN 46701  
Phone: 260-636-2191**

**\*Please Complete All sections\***

**Select one of the following:**

- Annual Food Service       Temporary/Mobile       Non-Profit       Bed & Breakfast

Please complete the information requested and return with the required fee payable to the Noble County Health Department. The fee for an annual permit is \$50.00. A temporary/mobile food permit is \$10.00 a day, or \$35.00 for an event more than 3 days. Temporary/Mobile food permits need to be returned at least 14 days prior to event. **Note: Temporary/Mobile food permits purchased after the required date will be charged \$10.00 a day up to \$100.00 maximum. Annual permits will be fined \$100.00 if received after December 31<sup>st</sup> 2018.** Permits are NOT transferable and must be displayed in accordance to the Noble County Retail Food Ordinance.

Name of Establishment \_\_\_\_\_ Renew   
New

Establishment Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Establishment Phone (    ) \_\_\_\_\_

Name of Owner \_\_\_\_\_ Owner's Number (    ) \_\_\_\_\_

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 \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please List Hours of Operation

Months

Days

Hours

(ex: Jan-May)

(ex: Mon- Fri)

(ex: 8am-5pm)

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Please \*\*\* Make all checks Payable to NOBLE COUNTY HEALTH DEPARTMENT  
Annual Permits are Due December 31<sup>st</sup>, 2018 Late fee of \$100 will be applied after due date.**

**Fees are NON REFUNDABLE!**

Not-For-Profit Organization – State Income Tax Exemption Certificate Enclosed  
Must be accompanied by a completed application and a copy of your proof of state income tax exemption. **There is no charge for Not-For-Profit Organization but an application needs to be filled out and returned.**

Sign \_\_\_\_\_ Date \_\_\_\_\_

**Noble County Health Department**

**2090 N. State Road 9, Suite C**

**Albion, IN 46701**

**Phone: 260-636-2191**

**\*Please Complete All sections\***

**Select one of the following:**

Annual Food Service

Temporary/Mobile

Non-Profit

Bed & Breakfast