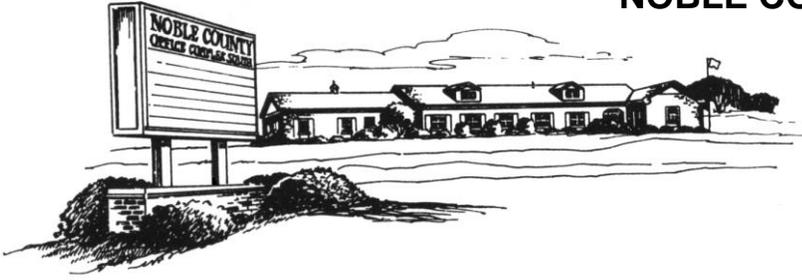


# NOBLE COUNTY HEALTH DEPARTMENT



2090 N. State Road 9, Suite C  
Albion, Indiana 46701

Telephone: (260) 636-2191  
Fax: (260) 636-2192  
Clinic/Nurse: (260) 636-2978  
Clinic Fax: (260) 636-3753

## ANNUAL APPLICATION FOR RETAIL FOOD ESTABLISHMENT PERMIT

Please complete the information requested and return with the required fee (\$50.00) payable to the Noble County Health Department. **The application must be turned in by December 31, 2016 or a late fee of \$100.00 will be added to the permit fee.**

NAME OF OPERATION \_\_\_\_\_

RENEWAL LETTER MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

PERMIT MAILING ADDRESS \_\_\_\_\_  
(if different from above)

PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ CELL NO. \_\_\_\_\_

LOCATION OF ESTABLISHMENT \_\_\_\_\_

NAME OF BUSINESS OWNER \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ Mobile Truck # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CHECK ONE: FOOD SERVICE \_\_\_ FOOD MARKET \_\_\_ BED & BREAKFAST \_\_\_ DO YOU CATERER? Y N  
YES OR NO

IS THIS A CHANGE OF OWNERSHIP? \_\_\_\_\_ IF SO, PREVIOUS NAME OF

ESTABLISHMENT \_\_\_\_\_

LIST DAYS AND HOURS OF OPERATION \_\_\_\_\_

FOODS TO BE SERVED \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

Office use: receipt no. \_\_\_\_\_ date issued \_\_\_\_\_