

# Spencer County Health Department

200 Main Street, Room 2

Rockport, IN 47635

Telephone: 812-649-4441

Fax: 812-649-2928

## APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE

Establishment Name: \_\_\_\_\_

Establishment **Mailing** Address:

Street/P.O. Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Owner (s): \_\_\_\_\_

Address of Owner:

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number of Owner: (\_\_\_\_) \_\_\_\_\_

Name & Home Phone of Manager: \_\_\_\_\_

Type: \_\_\_ Restaurant \_\_\_ Grocery \_\_\_ Convenience \_\_\_ Tavern \_\_\_ Other(specify) \_\_\_\_\_

Certified Food Handler: \_\_\_\_\_ Date of Certification: \_\_\_\_\_

Certified Food Handler: \_\_\_\_\_ Date of Certification: \_\_\_\_\_

Name of Food Handler Course taken: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

### **RENEWALS DUE BEFORE JANUARY 1**

**Fee: \$50.00**

**Penalty for operation without a license \$50.00 per day**

### **NEW ESTABLISHMENTS:**

**Opening Jan. 1<sup>st</sup> – June 30<sup>th</sup> fee \$50.00**

**Opening July 1<sup>st</sup> – Dec. 31<sup>st</sup> fee \$25.00**

**NOTE: If the license is to be returned by mail, PLEASE ENCLOSE A STAMPED, SELF ADDRESSED ENVELOPE along with your check made payable to the SPENCER COUNTY HEALTH DEPARTMENT.**

Receipt # \_\_\_\_\_