

Clark County Health Department

1320 Duncan Avenue, Jeffersonville, IN 47130

phone: (812) 282-7521 fax: (812) 288-2711 www.clarkhealth.net

Application for a Retail Food Establishment Permit

Date: _____

Establishment No.: _____

Clark County Sanitary Code (CCSC), Chapter 10, Part 1, Section 1, Subsection (A) States:

"No person or owner or person in possession shall operate any food-service, mobile food-service, temporary food-service or mobile food-dispensing unit: (1) without obtaining, possessing, and displaying a current unrevoked permit from the Board of Health, except as provided by CCSC 10-2-2."

STORE INFORMATION [Please print]

Store Name and Number: _____ Email: _____

Store Managers Name: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Certified Food Handler Number/Name: _____

BUSINESS OFFICE INFORMATION [Please print] and provide e-mail address if available

Business Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone and fax : _____

Owner: _____

Name and Title of Applicant: _____

Signature: (X) _____ Date: _____

Code from Schedule of Fees: _____ (ie. FS1, RF1, BAK, ICE, MF1)

Amount Due: _____ For permit expiring on: _____

*** THE SECTION BELOW TO BE COMPLETED BY HEALTH DEPARTMENT STAFF ONLY ***

Plan Review Fee \$50.00 Date: _____ Receipt# _____

New Establishment Fee \$100.00 Date: _____ Receipt# _____

Permit #: _____ Date: _____ Receipt# _____

Follow up inspection Fee
\$20.00 per inspection after 1st Date: _____ Receipt# _____

Proposed Opening Date: _____ Date: _____ Receipt# _____

VIN# of Mobile Unit _____