

TIPPECANOE COUNTY HEALTH DEPARTMENT

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<http://www.tippecanoe.in.gov/health>

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**Tippecanoe County Food Service Establishment Application**

Tippecanoe County Ordinance 2007-19 CM defines a food service establishment as any place where food is prepared and intended for individual portion serviced, including the site at which individual portions are provided.

**Failure to Complete this Application in its' ENTIRETY will Delay your Permit and Result in Possible Closure.**

Establishment's Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

*Must be different than the Establishment Address*

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Mailing Address (if different from above)  
\_\_\_\_\_

Mailing Address (if different from above)  
\_\_\_\_\_

PLEASE CIRCLE WHERE THE RENEWAL APPLICATION IS TO BE MAILED: ESTABLISHMENT      OWNER      OTHER

Please list address if OTHER is circled: \_\_\_\_\_

PLEASE CIRCLE WHERE THE PERMIT IS TO BE MAILED:      ESTABLISHMENT      OWNER      OTHER

Please list address if OTHER is circled: \_\_\_\_\_

**PROCESSING FEE** Applies only to new establishments or when a change of ownership has occurred.

New Establishment      }      \$25.00  
 Change of Ownership      }

**ANNUAL FEE SCHEDULE** Each establishment, new or existing, must pay an annual fee.

1-5 Employees: \$200.00      6-9 Employees: \$250.00      Non-Profit: No Fee  
10-40 Employees: \$375.00      41+ Employees: \$500.00      Late Fee: 125% of Renewal Fee

\*\* 2 part-time employees = 1 full-time employee      (A late fee is assessed if the permit is renewed after the last day of the renewal month and includes the annual fee)

Sewage Disposal  
Public \_\_\_\_\_ Private \_\_\_\_\_

Water Supply  
Public \_\_\_\_\_ Private \_\_\_\_\_

Grease Trap \_\_\_\_\_  
Size \_\_\_\_\_

Processing Fee: \$ \_\_\_\_\_

If applicable

Late Fee: \$ \_\_\_\_\_

If applicable

Annual Fee: \$ \_\_\_\_\_

TOTAL AMOUNT DUE: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_