



**TIPPECANOE COUNTY  
HEALTH DEPARTMENT**

# Retail Food Establishment Application

Foods & Environmental  
20 N 3rd Street  
Lafayette, IN 47901  
Phone-765-423-9221 Fax-765-423-9277  
[health@tippecanoe.in.gov](mailto:health@tippecanoe.in.gov)

Jeremy P. Adler, Health Officer  
Khala Hochstedler, Administrator  
Stacie Rees, Chief of Foods

*Tippecanoe County Ordinance 2007-19 CM defines a retail food market establishment as any food establishment where food intended for human consumption off the premises is sold.*

**Establishment's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **St.** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact Person's Name:** \_\_\_\_\_

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

**Owner's Name:** \_\_\_\_\_  
*Must be different than the Establishment Address*

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **St.** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact Person's Name:** \_\_\_\_\_

**Mailing Address** (if different than above)  
\_\_\_\_\_

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

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

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

New Establishment     Change of Ownership } \$25.00

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

0-100 sq. ft.: \$150.00     101-3,000 sq. ft.: \$200.00     3,001-30,000 sq. ft.: \$250.00

30,001-40,000 sq. ft.: \$375.00     40,001-60,000 sq. ft.: \$400.00     60,000 sq. ft. and over: \$600.00

Late Fee: 125% of Renewal Fee (assessed if permit is renewed after the last day of renewal month.)     Non-Profit: Exempt

**Processing Fee:** \$ \_\_\_\_\_  
*If applicable*

**Late Fee:** \$ \_\_\_\_\_  
*If applicable*

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

} **Total:** \$ \_\_\_\_\_

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