

TIPPECANOE COUNTY HEALTH DEPARTMENT

Jeremy P. Adler, M.D., Health Officer

20 North Third Street

Lafayette, Indiana 47901

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

765-423-9221 (phone) 765-423-9154 (fax)

Tippecanoe County Retail Food Market Establishment Application

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.

Failure to Complete this Application in it's ENTIRETY will Delay your Permit and Result in Possible Closure

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

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

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

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 \_\_\_\_\_

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

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

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
  - Change of Ownership
- } \$25.00

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

- 0-100 sq. ft.: \$150.00
- 101 sq. ft.- 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 (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                                      Water Supply                                      Grease Trap \_\_\_\_\_  
Public \_\_\_\_\_ Private \_\_\_\_\_      Public \_\_\_\_\_ Private \_\_\_\_\_      Gallons \_\_\_\_\_

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

If applicable

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

If applicable

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

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

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