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 ___________________________
Address __________________________________________ Address __________________________________________
City_________________________ St. ______ Zip_________________________ City_________________________ St. ______ Zip_________________________
Telephone_________________________ E-mail __________________________ E-mail __________________________
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  Water Supply  Grease Trap ____________
Public _______ Private _______ Public _______ Private _______
Size ____________

Processing Fee: $ ____________
If applicable
Late Fee: $ ____________
If applicable
Annual Fee: $ ____________

TOTAL AMOUNT DUE: $ ____________

Signature: ___________________________ Date: __________________