



Food Service Establishment Application

**TIPPECANOE COUNTY
HEALTH DEPARTMENT**

Foods & Environmental
20 N 3rd Street
Lafayette, IN 47901
Phone-765-423-9221 Fax-765-423-9277
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 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.

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.

1-5 Employees: \$200.00 **6-9** Employees: \$250.00 Non-Profit: Exempt

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*

Processing Fee: \$ _____
If applicable

Late Fee: \$ _____
If applicable

Annual Fee: \$ _____

} **Total:** \$ _____

Signature: _____ **Date:** _____