



Annual Food Permit Renewal Application

Lawrence County Health Department
 2419 Mitchell Road, Bedford, IN 47421
 Ph (812) 275-3234 Fax (812) 275-1094

For Office Use Only

Permit # _____ Receipt # _____
 Date sent _____ Amt _____
 Type off Pmt _____ By _____

INSTRUCTIONS:

- Please complete all items below by printing clearly in black ink
- This application and fee (see schedule below for payment options, if applicable) made payable to the Lawrence Co. Health Dept. are **due by December 31 for renewals**. *Late fees will be assessed to permits not applied for and paid by January 31.*
- With application, provide **self-addressed, stamped envelope** for permit/receipt to be mailed to you
- Please allow minimum of 7 business days for processing of your application
- **Permit must be posted in public view in the Establishment or Mobile Unit for which it is issued**

| | | |
|---|---|---|
| Name Of Establishment: | Establishment address, city, state, zip | Establishment emergency phone# (after hours #) |
| Establishment phone# | Establishment fax # | Establishment e-mail address |
| Establishment Status: <input type="checkbox"/> New Permanent <input type="checkbox"/> Existing Permanent or New Owner <input type="checkbox"/> Mobile <input type="checkbox"/> Seasonal <input type="checkbox"/> Exempt -no fee applies (If seasonal, Dates of operation: From _____ to _____) | | |
| Owner's name | Owner's address, city, state, zip | Owner's ph# Owner's fax |
| Contact person at Establishment: | *Please Provide a List of Your Suppliers On Reverse Side of This Application | Certified Food handler: Name of Course: Certificate # Certification date: |
| Phone # | | |
| Please provide your preference for receiving your application for future permit renewals (we are unable to mail): Email _____ Toll-free or local fax _____ Applying in person (drop-off service in LCHD office only-- see above instructions and payment options below) _____ | | |

| Total # of employees* = _____ <i>(*An "employee" is anyone that works in the establishment full-time, part-time, including family members, volunteers, management, owner, etc.</i> | Fee Schedule for Annual Permit Renewals | Fee | Check all that apply | Money order, business check, cashier check (no personal checks). **Please do not bring cash if paying in person as it is a drop-off only service (see above instructions) . Permits are processed in the order received, and a receipt is provided when the permit is processed. |
|---|--|---|-----------------------|---|
| | 1 to 6 employees* | \$ 90.00 | | |
| | 7 to 13 employees* | \$120.00 | | |
| | 14 to 20 employees* | \$150.00 | | |
| | 21 plus employees* | \$180.00 | | |
| | Seasonal (Permanent facility but open 6 months or less per year) | \$ 60.00 | | |
| | Mobile Unit | \$ 60.00 | | |
| | Replace/Amend Permit | \$ 10.00 | | |
| | Penalty for Operating Without Permit (Ex: Change of owner) | \$100.00 | | |
| | Renewal Late Fee(s) (Per Establishment) | \$ 50.00 1 st day \$ 5.00 each add'l. day | | |
| | | | Total fee paid | |
| | | | \$ | |

I certify that all information provided herein and on any attachments are true and correct.
 I understand that it is a felony to misrepresent or falsify any portion of this application or attached documents.

X _____
 Signature of person completing application Title Printed name of person completing application Date
 (Must be signed in ink)