



## Annual Food Service Permit Application

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

<b>For Office Use Only</b>	
Permit # _____	Receipt # _____
Date sent _____	By _____
Type off Pmt _____	Amt _____

### 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 to be mailed to you
- Please allow 7 business days for processing your application

### Permit is to be posted 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:  Phone #	<b>*Please Provide a List of Your Suppliers On Reverse Side of This Application</b>	Certified Foodhandler:  Name of Course:  Certificate #                      Certification date:

### Total number of employees\*:

(\*An employee is anyone full-time, part-time, management, person in charge, volunteers, family, etc. who works in the establishment)

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 in Health Dept. office (**drop-off service in office only**-- see above instructions) \_\_\_\_\_

Fee Schedule for Annual Permits (Renewals, New, etc.)	Fee	Total	After July 1st (New facility/Owner Change <u>ONLY</u> ) (For Non-Mobile Permanent Establishment) ---NOT FOR RENEWALS---
1 to 6 employees	\$70.00		1 to 6 employees                      \$50.00
7 to 13 employees	\$100.00		7 to 13 employees                      \$70.00
14 to 20 employees	\$130.00		14 to 20 employees                      \$90.00
21 plus employees	\$160.00		21 plus employees                      \$110.00
<b>Seasonal</b> (Permanent but less than 6 months)	\$50.00		<b>Total fee paid</b> Money order, business check, cashier check ( <b>no personal checks</b> )
<b>Mobile Unit</b>	\$50.00		<b>I certify that all information provided herein and on any attachments are true and correct.</b> <b>I understand that it is a felony to misrepresent or falsify any portion of this application or attached documents.</b> <b>X</b> _____ Signature of person completing application                      Title (must be signed in ink)  _____ Printed name of person completing application                      Date
<b>Replace/Amend Permit</b>	\$10.00		
<b>Penalty for failure to obtain permit</b> (i.e. Change of owner)	\$100.00		
<b>Renewal Late Fee</b> (Per establishment)	\$50.00 1 <sup>st</sup> day,  \$5.00 each additional day		