



Montgomery County Health Department

1580 Constitution Row Suite G
Crawfordsville, IN 47933

By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health title 410-IAC 7-24 requirements. It is further agreed that said establishment shall be open to inspection by the Montgomery County Health Department (Montgomery County Ordinance 2014-6). The Following information must be filled out completely, paid, and received in our office by **November 30th**.

Establishment Name:	Owners Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Email:	Email:
	Emergency Contact:
Hours of Operation:	Emergency Phone:

Please check which address the permit is to be sent to: Establishment____ or Owner____

Please note establishment permits are not transferable, permits issued applies only to the above owner. A new permit must be obtained whenever there is a change in ownership or operator. The establishment permit applies only to the above specified establishment and **cannot** be used to cover different establishments or locations.

All remodeling must be pre-approved. You may contact our department for information on the plan review process.

Please check appropriate permit amount.

Food Permit Fee Schedule

___ New Plan Review Fee: \$175.00

Permanent Food Establishment

___ 1-10 employees: \$125.00
 ___ 11 through 40 employees: \$175.00
 ___ 41 and more employees: \$250.00

Seasonal

___ 3 months: \$40.00
 ___ 6 months: \$70.00

Temporary

___ 3 days or less of operation \$30.00
 ___ Each additional day \$5.00

Famers Market

___ Home Based Vendor:\$10.00

Tattoo and Micro-blading

___ Business Permit: \$100.00
 ___ Artist Permit:\$50.00 (per artist)

Grocery and Convenient Stores

___ Up to 10,000 sq./ft.: \$125.00
 ___ 10,001 to 35,000 sq./ft.: \$175.00
 ___ 35,001 sq./ft. and up: \$225.00
 ___ 60,000 sq./ft. and up: \$325.00

Micro Market

___ 1 to 20 machines: \$100.00
 ___ 21 to 50 machines: \$150.00
 ___ 51 or more machines: \$175.00

Bed and Breakfast (no plan review required)

___ One Year: \$100.00

Total Due: \$ _____

Late Fee: Should any permittee fail to obtain the permit prior to the opening of the food establishment for business, or should any permittee fail to renew his/her permit then said annual fee shall be **125%** of the annual fee set above for that particular food establishment (Montgomery County Ordinance 2014-6).

Note: It is the responsibility of the permittee to obtain an application for renewal or change in ownership/operator.

Signature of owner/manager signifies that the above information is true and correct to the best of his/her knowledge.

Signature: _____ Date: _____