



1616 Smith St
 Logansport, Indiana 46947
 www.co.cass.in.us
 Office :574-753-7760 Fax: 574-753-7039

Application for a Food Establishment Permit

Please complete form in its entirety

Name of Business :	Telephone Number: () - -
Physical Location:	Fax Number : () - -
Mailing Address :	Email Address :
City : State: Zip Code:	Emergency Telephone Number (after hours): () - -
Hours of Operation : Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun ____	** An attached copy of Menu and Certified Food Handler Certificate is required **
Managers Name :	Telephone Number : () - - Fax Number : () - -
Owners Name :	Sewage Disposal : City ____ Private ____ Water Source : City ____ Private ____
Permitting fees : Menu 1 \$ 75.00 Menu 2 thru 5 \$ 150.00 A \$50.00 late fee will be added after Jan. 1st (Excluding new establishments)	
Menu Type : _____ Permit Fee : \$ _____	

Send correspondence to : (Check One) Business Address ____ Owners Address ____

I hereby certify the above information is correct and the food service facility will be maintained in compliance with the Cass County Food Ordinance or any subsequent regulations. I understand the food establishment permit is not transferable and will be kept posted on the above mentioned premises. I understand that all permits expire on December 31st of each year.

Signed: _____ Title: _____ Date: _____

OFFICE USE ONLY

Permit Issue Date: _____

Permit Number : _____

Amount Paid : _____

CASH CREDIT CARD CHECK (CIRCLE ONE)

Receipt # : _____

CHECK # _____

Initials : _____