

Clay County Health Department

18 N Walnut St

Brazil, IN 47834

Phone: (812) 448-9021

Application for Food Permit

To operate a food establishment in Clay County a permit is required. Non-Profit Organizations require a permit if they serve food more than 15 days per calendar year.

An application with incomplete or missing information will not be issued a food permit.

Establishment Name: _____

Physical Location of Establishment: _____

This may not be as the mailing address.

Street

City

State

Zip

Establishment MAILING Address: _____

Street

City

State

Zip

Establishment phone #: _____ **Email Address:** _____

Owner or corporation name: _____ **Phone:** _____

Mailing address: _____

Mailing Address

Street

City

State

Zip

On-Site Manager's Name: _____

(The person responsible for the daily operations that is available at the business location.)

Phone: _____ **Emergency Phone:** _____

Establishment's Daily Actual Hours of Preparing/Serving Food:

Sun: ___ - ___ Mon: ___ - ___ Tues: ___ - ___ Wed: ___ - ___ Thurs: ___ - ___ Fri: ___ - ___ Sat: ___ - ___

Public Water Supply: **Yes** **No** Is the business served by a public utility?

Public Sewage Disposal: **Yes** **No** If private septic system or sewage disposal, mark "no".

1-8 Employees _____ \$50.00

9-15 Employees _____ \$75.00

16+ Employees _____ \$100.00

Late Fee (on or after 14 days of due date) _____ \$50.00

Food handler certification:

Certified Employee(s) name: _____

Please note Clay County only accepts certification from ServSafe, NRA, and/or Certified Food Safety Manager, National Registry of Food Safety Professionals. Please include a copy of the certification for each employee listed. **It is the responsibility of the establishment to have a current certificate on file with the Clay County Health Dept.**

Menu Items:

Food Sources:

Application is hereby made for a license to operate a retail Food Establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rules 410 IAC 7-24 (food establishment sanitation requirements), and Clay County Ordinances 2022-5 and any future amendments. It is further agreed that the establishment shall be open to inspection daily by agents of the Clay County Health Department.

I attest that I have read and acknowledge the accuracy of the information provided herein and that I have read and understand all rules and guidelines to obtain a food permit in Clay County.

Signature: _____ Date: _____

Printed Name: _____ Date: _____

Please pay with check or money order to Clay County Health Department.