Food Permit Application
Noble County Health Department - 2090 N State Road 9, Suite C
Albion, IN 46701 - Phone: 260-636-2191
Please complete all sections - Select one of the following

☐ Annual Food Service ☐ Food Truck (Annual) ☐ Temporary/Mobile ☐ Non-Profit/501c3 ☐ Bed & Breakfast

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Please complete the information requested and return with the required fee payable to the Noble County Health Department. The fee for annual permit is $100.00. Annual permits will be charged a $100.00 late fee if received after December 31, 2024, no exceptions.

Fee for temporary event/mobile food permit is $25.00 for the first day and $10/day for each subsequent day for the same event. Temporary/Mobile food permits need to be returned 14 days prior to the event. Temporary/Mobile food permits purchased after the required date will be charged a $50.00 late fee.

Not-for-Profit organization operating more than 15 days within a calendar year will be required to get annual permit. Not-for-profits operating less than 15 days within a calendar year are permitted at no charge. Any organization operating more than 15 days in a calendar year is subject to permit fees, retail food establishment guidelines and inspections by Noble County Health Department.

Permits are NOT transferable and must be displayed in accordance to the Noble County Retail Food Ordinance.

PLEASE NOTE: An approved food permit must be received prior to OPENING ANY TYPE of FOOD SERVICE.

☐ Renewal ☐ New

Name of Establishment _____

Establishment Address _____ City _____ State _____ Zip _____

*Permit Mailing Address _____ City _____ State _____ Zip _____

E-Mail Address _____ Establishment Phone # _____

Name of Owner _____ Owner's Phone # _____

Owner's Address _____ City _____ State _____ Zip _____

Owner's Signature _____ Date _____

Water Supply ☐ Public ☐ Private (well) / **Waste Water Disposal**: ☐ Municipal ☐ On-Site System (Septic system)

Food Protection Mgr./Name_____ Expiration Date _____ Certificate #_____

Food Handler/ Name_____ Expiration Date _____ Certificate #_____

Please list hours of operation:

Place/Locations	Date/Event Date	Hours (ex: 8am-5pm)

FEES ARE NOT REFUNDABLE! **Make checks payable to *NOBLE COUNTY HEALTH DEPARTMENT.* Applications are due by December 31, 2024 to avoid a $100.00 late fee.**

☐ Non-Profit Organization (IRS 501) certificate and/or State Income Tax Exemption Certificate must be accompanied by a completed application.

Sign_____ Date _____

Receipt #: _____ Permit Mailed: _____