



REGISTRATION APPLICATION FOR A RETAIL FOOD ESTABLISHMENT

State Form 49677 (R6 / 1-10)
Indiana State Department of Health
Food Protection Program

410 IAC 7-24-107 PREREQUISITE FOR OPERATION

- (a) A person may not operate a retail food establishment without first having registered with the department as required under IC 16-42-1-6.
- (b) A retail food establishment registered with a local health department or other regulatory authority shall be considered registered with the department under IC 16-42-1-6.
- (c) To allow verification that the retail food establishment is constructed, equipped, and otherwise meets requirements of this rule, the regulatory authority shall be notified of an intent to operate at least thirty (30) days prior to registering under this rule.

Please complete:

BUSINESS OWNER INFORMATION

Business Owner's Name:			
Mailing Address:			
P.O. Box/Street		City	State
Email Address:		Zip Code	
Telephone Number:	Fax Number:		

BUSINESS INFORMATION

Business Name:				
Business Physical Location:				
Street		City	State	Zip Code
Business Mailing Address:				
P.O. Box/Street		City	State	Zip Code
Water Source:	<input type="checkbox"/> City	<input type="checkbox"/> Private	PWS number:	Telephone Number:
Sewage Disposal:	<input type="checkbox"/> City	<input type="checkbox"/> Private		Fax Number:
On-Site Supervisor:			Telephone Number:	
Name of Certified Food Handler:				
Email Address:				
Hours of Operation:			Days of Operation:	
Type of Business:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Mobile	<input type="checkbox"/> Temporary	Off-Site Catering: <input type="checkbox"/> Yes <input type="checkbox"/> No
Food to be Served:				

TEMPORARY EVENT INFORMATION

Temporary Event Name:	
Event Location (i.e. Building or Physical Location):	
Event Contact:	Telephone Number:
Date(s) and Hours(s) of Operation:	Food Prep and/or Storage Off-Site <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Off-Site Prep and/or Storage Unit:	
Food to be Served:	

Return completed form:

Indiana State Department of Health
Food Protection Program, Room 5C
2 North Meridian Street
Indianapolis, IN 46204
317/233-7332 (fax) 317/233-7334

Original Signature of Applicant

Date (month, day, year)

Printed Signature of Applicant

Title

For Office Use Only: Menu Type _____

Registration Number: _____