## 2024 Food Permit Application Noble County Health Department - 2090 N State Road 9, Suite C Albion, IN 46701 - Phone: 260-636-2191

Please complete the information reduces the information reduces the first day and \$10/day for each sub returned at least 14 days prior organization operates more than 1 in a calendar year is subject to permission the subject to permission the subject to permission operates. Note Tempo	ck (Annual) Temporary/Mobile No equested and return with the required fee ermit is \$100.00. Fee for temporary event sequent day for the same event. <b>Tempora</b> to the event. There is NO charge for N 5 days within a calendar year. Any orga mit fees, retail food establishment guidelin rary/Mobile food permits purchased after will be charged a \$100.00 late fee if ret	payable to the <u>/mobile food p</u> ary/Mobile foo lot-for-Profit O nization operations nes and inspect or the required of	ermit is \$25.00 for t of permits need to rganization unless t ing more than 15 da ions by Noble Cour date will be charged	he be he ys ity l a
Permits are <u>NOT</u> transferable and	must be displayed in accordance to the N	loble County R	etail Food Ordinanc	e.
PLEASE NOTE: An approved food pe	ermit must be received prior to OPENING AN	Y TYPE of FOO	D SERVICE.	
Renewal	New			
Name of Establishment				
Establishment Address	City	State	Zip	
Permit Mailing Address	City	State	Zip	
E-Mail Address	Establishment F	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: Munic	cipal On-S	ite System (Septic syste	m)
Food Protection Mgr./Name	Expiration Date	Certi	ficate #	
Please list hours of operation:				
Place/Locations	Date/Event Date	Но	ours (ex: 8am-5pm)	7
	are due by December 31, 2023 to avoid a	\$100.00 late fe	<mark>e.</mark>	<u>T.</u>
	ertificate and/or State Income Tax Exemption Cer <mark>charged</mark> for Non-Profit Organizations unless ope			ı <b>r.</b>
	Date			

Permit Mailed: