



Cass County Health Department

512 High St., Logansport, IN 46947
www.co.cass.in.us



Public Health
Prevent. Promote. Protect.

Environmental Health
574-753-7760
574-753-7039 Fax

Application for Food Establishment Permit

Please complete this form in its entirety.

Name of Business:	Telephone Number:
Physical Location:	Fax Number:
Mailing Address:	Email Address:
City: _____ State: _____ Zip Code: _____	Emergency (After Hours) Telephone Number:
Hours: Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____	***** We require an attached copy of your <u>Menu and Certified Food Handler certificate</u> if not exempt by menu.
Manager's Name:	
Owner's Name:	Telephone Number:
Mailing Address:	Fax Number:
City: _____	State: _____ Zip Code: _____
Sewage Disposal: City _____ Private _____	Water Source: City _____ Private _____

Menu Type _____ **Permit Fee \$** _____

* Permitting fee is \$100.00 for Menu Type 2, 3, 4, & 5; \$50.00 for Menu Type 1

* **Late fees for all Establishments will be \$50.00 after January 1st.**
(Excluding new establishments)

Send correspondence to: (check one) (1) **Business Address** _____ (2) **Owner's 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** _____

[For Office Use Only]

Permit Issued _____ Permit Approved _____

Permit Number _____ Environmentalist _____

Check No. or Cash _____ Amount Paid _____

Receipt Number _____