

**LaPorte**  
Main Office  
809 State St Suite 401A  
LaPorte, IN 46350  
(219)326-6808 Ext.2200  
Fax (219)325-8628



**Michigan City**  
Branch Office  
302 W. 8<sup>th</sup> St Suite #4  
Michigan City, IN 46360  
(219) 874-5611 Ext.7780  
Fax (219) 873-3018

**Application for Retail Food Establishment**

**Establishment Name:** \_\_\_\_\_

**Establishment Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Business Hours:** \_\_\_\_\_

**Water Source:** City:  Well:  **Sewage Disposal:** City Sewer:  Septic System:

**Owner Name:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Where would you like your business information sent?**

**Corporate/Owner Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Landlord Name:** \_\_\_\_\_

**Landlord Mailing Address:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:**

I/we agree to abide by all the provisions set forth in Ordinances 2013-15, of the County of LaPorte, Indiana. I/we also agree to notify the Health department of any change in management or ownership. I/we understand that this permit is issued only to the person(s) making application and is **not transferable**. The Health Department shall also be notified prior to remodeling, the purchase of equipment, or any additions to the menu. Failure to notify the Health Department can result in the suspension of this permit.

**SIGNED:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**For Food Division Office Only**  
Permit # \_\_\_\_\_  
Subtype: \_\_\_\_\_ Code: \_\_\_\_\_: \_\_\_\_\_  
License Fee: \_\_\_\_\_

**For Office Clerical Use Only**  
Date Received: \_\_\_\_\_  
Cash:  Check:  \*Check: # \_\_\_\_\_  
Probation Fee: (\$100.00)  (paid)