

LaPorte County Health Department

Michigan City Branch Office

302 W. 8th St. Suite 4

Michigan City, IN 46360 (219) 874-5611 ext 7780

The Undersigned hereby makes application to operate a Food Service Establishment in LaPorte County.

Name of Food Establishment:

Establishment

Address: _____ **City:** _____

Zip: _____ **Phone #:** _____ **Business Hrs.:** _____

Permit No. _____ Date Received: _____
2009 License Fee \$125.00
MOBILE APPLICATION

OWNERSHIP AND OPERATION OF THE FOOD ESTABLISHMENT:

Where would you like your business information sent?

Name: _____

Mailing Address: _____ Phone Number _____

City: _____ State _____ Zip Code _____

Person in Charge Information

Name: _____

Mailing Address: _____ Phone Number _____

City: _____ State _____ Zip Code _____

Commissary Information

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 00-15, 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. I/we will also only prepare and cook food inside the inspected unit. I/we will also have all of our food stored in the unit and understand that mechanical refrigeration is required for all potentially hazardous foods. I/we will NOT dump our wastewater directly on the ground; instead it will be disposed of in a sanitary manner.

SIGNED: _____ TITLE: _____