

LaPorte County Health Department

Michigan City Branch Office
302 W. 8th Street, Suite 4
Michigan City, IN 46360 (219)874-5611x7780

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

Name of Food Establishment:

Address: _____ **City:** _____

Zip: _____ **Phone #:** _____ **Fax #:** _____

E-Mail Address: _____ **Business Hours:** _____

Permit No. _____	Date Received: _____
Cash: _____	Check No. _____
Subtype: _____	
Code: _____	Probation Fee: _____
<h1>2009</h1>	
License Fee: _____	

OWNERSHIP AND OPERATION OF THE FOOD ESTABLISHMENT:

Where would you like your business information sent?

Name: _____

Mailing Address: _____ Phone Number _____

City: _____ State _____ Zip Code _____

Corporate address, if different from above

Name: _____

Mailing Address: _____ Phone Number _____

City: _____ State _____ Zip Code _____

Person in Charge Information

Name: _____

Mailing Address: _____ Phone Number _____

City: _____ State _____ Zip Code _____

Landlord Information

Name: _____

Mailing Address: _____ Phone Number _____

City: _____ State _____ Zip Code _____

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

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.

SIGNED: _____ TITLE: _____