

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



Michigan City
Branch Office
300 Washington ST, Suite 106
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)