

Noble County Health Department
2090 N. State Road 9, Suite C
Albion, IN 46701
Phone: 260-636-2191

Please Complete All sections

Select one of the following:

Annual food Service Temporary/Mobile Non-Profit Bed & Breakfast

Please Complete the information requested and return with the required fee payable to the Noble County Health Department. The fee for an annual permit is \$100.00. A temporary/mobile food permit is \$25.00 for the first day, with each additional day \$10.00. Temporary/Mobile food permits need to be returned at least 14 days prior to event. **Note: Temporary/Mobile food Permits purchased after the required date will be charged \$50.00 late fee. Annual permits will be fined \$100.00 if received after December 31st 2019.** Licenses are NOT transferable and must be displayed in accordance to the Noble County Retail Food Ordinance. **PLEASE NOTE: An APPROVED food service license must be Received prior to OPENING ANY TYPE of FOOD SERVICE.**

Name of Establishment _____ Renew
New

Establishment Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

E-Mail Address _____ Fax Number _____

Township _____ Establishment Phone () _____

Name of Owner _____ Owner's Number () _____

Owner's Address _____ City _____ State _____ Zip _____

Owner's Signature _____ Date _____

Water Supply _____ Public _____ Private (well)

Waste Water Disposal _____ Municipal _____ On- Site System (Septic System)

Certified food Handler _____ Type of Certification _____ Certificate # _____

Please List Hours of Operation

Months	Days	Hours
(ex: Jan-May)	(ex: Mon- Fri)	(ex: 8am-5pm)

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Please * Make all checks Payable to NOBLE COUNTY HEALTH DEPARTMENT
Annual Permits are Due December 31st, 2019**

Fees are NOT REFUNDABLE!

Not-For- Profit Organization – State Income Tax Exemption Certificate Enclosed Must be accompanied by a completed application and a copy of your proof of state income tax exemption. **There is NO Charge for Non-Profit Organizations but an application needs to be filled out and returned.**

Sign _____

Date _____

Receipt # : _____

Permit Mailed: _____