

410 IAC 7-24-107 PREREQUISITE FOR OPERATION

- (a) A person may not operate a retail food establishment without first having registered with the department as required under IC 16-42-1-6.
- (b) A retail food establishment registered with a local health department or other regulatory authority shall be considered registered with the department under IC 16-42-16.
- (c) To allow verification that the retail food establishment is constructed, equipped, and otherwise meets requirements of this rule, the regulatory authority shall be notified of an intent to operate at least thirty (30) days prior to registering under this rule.

Please complete: BUSINESS	BUSINESS OWNER INFORMATION				
Business Owner's Name:					
Mailing Address:					
P.O.Box/Street	City		State	ZIP Code	
Email Address:	T. N. I				
Telephone Number:	Fax Number:				
BUSINESS INFORMATION					
Business Name:					
Business Physical Location:					
Street Business Mailing Address:	City	State	ZIP Code	County	
P.O. Box/ Street Water Source: City Private PWS number:	City	State Telephone Number:	ZIP Code		
Sewage Disposal: City Private		Fax Number:			
On-Site Supervisor:		Telephone Number:			
Name of Certified Food Handler:		1010phone 1 (umber)			
Email Address:					
Hours of Operation:	Days of Op	eration:			
Type of Business: Permanent Mobile Temporary Off-Site Catering: Yes No					
Food to be Served:					
TEMPORARY EVENT INFORMATION					
Temporary Event Name:					
Event Location (i.e. Building or Physical Location):					
Event Contact:		Telephone Num	ber:		
Date(s) and Hours(s) of Operation:		Food Prep and/or Sto	rage Off-Site	☐ Yes ☐ No	
Location of Off-Site Prep and/or Storage Unit:		-			
Food to be Served:					
Return completed form:					
Indiana State Department of Health	Original Signature of Applica		D-4- (
Food Protection Program 100 N. Senate Ave., N855	Original Signature of Applicant		Date (7	Date (month, day, year)	
Indianapolis, IN 46204	Printed Signature of App		Title	Title	
317/234-8569 (fax) 317/233-9200					
For Office Use Only: Menu Type	Registration Number:				