



# REGISTRATION APPLICATION FOR A RETAIL FOOD ESTABLISHMENT

State Form 49677 (R9 / 2-25)  
INDIANA DEPARTMENT OF HEALTH  
FOOD PROTECTION DIVISION

- INSTRUCTIONS:**
- (a) ALL RETAIL FOOD ESTABLISHMENT MUST REGISTER WITH THE DEPARTMENT AT LEAST THIRTY (30) DAYS PRIOR TO OPERATION.
  - (b) THE RETAIL FOOD ESTABLISHMENT MUST COMPLY WITH ALL INDIANA RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENTS (410 IAC 7-24).
  - (c) AN ON-SITE PRE-OPERATION INSPECTION WILL BE CONDUCTED TO VERIFY THAT THE ESTABLISHMENT IS CONSTRUCTED, EQUIPPED, AND OTHERWISE MEETS REQUIREMENTS OF THE INDIANA RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENTS (410 IAC 7-24).
  - (d) UPON COMPLETION OF THE REVIEW PROCESS, A LETTER OF APPROVAL AND A REGISTRATION CERTIFICATE WILL BE ISSUED. IF ADDITIONAL INFORMATION IS REQUIRED, A REPRESENTATIVE FROM THE INDIANA RETAIL FOODS PROGRAM WILL REACH OUT. PLEASE NOTE THAT THE REVIEW OF THIS APPLICATION MAY TAKE UP TO 30 DAYS.
  - (e) THERE ARE NO REGISTRATION FEES.

Date of application (mm/dd/yyyy): \_\_\_\_\_ Expected date of operation: \_\_\_\_\_

Business Name: \_\_\_\_\_ IN Business ID Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Person-in-charge Name: \_\_\_\_\_

Business Telephone: ( ) \_\_\_\_\_ Mobile Telephone: ( ) \_\_\_\_\_

Other: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street	City	County	ZIP-code
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Mailing Address: \_\_\_\_\_

Street	City	County	ZIP-code
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Is this establishment affiliated with another business?  No  Yes Name: \_\_\_\_\_

Affiliated company Address: \_\_\_\_\_

Street	City	County	ZIP-code
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Main contact Person Name: \_\_\_\_\_

Business Telephone: ( ) \_\_\_\_\_ Mobile Telephone: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

List all off-site food preparation and/or storage unit location (Attach a separate document if additional space is needed):

### Food Preparation

Street	City	County	ZIP Code
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Street	City	County	ZIP Code
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### Food Storage Unit

Street	City	County	ZIP Code
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Street	City	County	ZIP Code
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### FOR OFFICE USE ONLY

REGISTRATION NUMBER: _____	RISK CATEGORY: _____
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Establishment setting (Check most appropriate)

- Public Restaurants       Toll Road Food Plaza       State University/College       State Prison
- Hospital       Sub-Acute Treatment Center       Mental Health Hospital
- Other: \_\_\_\_\_

Type of Business (Check all applicable)

- Permanent       Mobile Food Truck       Outdoor sitting       Off-site Catering
- Fast Food       Casual Dining       Fine Dining       Ghost Kitchen
- Vending Machine       Micro Market       Other: \_\_\_\_\_

Which of the following best describe your food production model? (Check one (1) only)

- Serve or sell prepackaged, non-potentially hazardous foods. (E.g. candy bar, chips, and soda).
- Mainly serve reheated commercially processed TCS foods. (E.g. convenience stores, hot dog carts and coffee shops).
- Majority of the foods on the menu are simple and quick service TCS products. Hot and cold holding methods are used in the establishment.
- It is a full-service establishment with an extensive menu and handling of many raw TCS food items.
- Specialized processes foods are prepared on-site in addition to regular menu items. E.g. Smoking and curing food, freeze drying, fermentation.

A completed plan review package  has /  has not been submitted (<https://redcap.isdh.in.gov/surveys/?s=LHJ9D899ADKWTFMJ>).

I (the applicant) swear or affirm that all information in this application is true and correct. I agree to abide by the requirements contained in the Indiana Retail Food Establishment Sanitation Requirements Title 410 Indiana Administrative Code 7-24 and other applicable state and federal regulations. This includes notifying the Indiana Health Department if any of the above information has been changed.

\_\_\_\_\_  
Printed Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Title

**SUBMIT COMPLETED FORM TO:**  
 INDIANA DEPARTMENT OF HEALTH  
 FOOD PROTECTION DIVISION  
 2 North Meridian Street  
 Indianapolis, IN 46204  
 Phone: (317) 233-1974  
 Fax: (317) 233-9200  
 E-mail: [retailfoods@health.in.gov](mailto:retailfoods@health.in.gov)

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