REGISTRATION APPLICATION FOR
A RETAIL FOOD ESTABLISHMENT
State Form 49677 (R8 / 5-13)
Indiana State Department of Health
Food Protection Program

Please complete: **BUSINESS OWNER INFORMATION**

Business Owner's Name:	
Mailing Address:	
P.O.Box/Street City State ZIP Code	
Email Address:	
Telephone Number:	**Fax Number:**

BUSINESS INFORMATION

Business Name:	
Business Physical Location:	
Street City State ZIP Code County	
Business Mailing Address:	
P.O. Box/ Street City State ZIP Code	
Water Source: ☐ City ☐ Private **PWS number:**	**Telephone Number:**
Sewage Disposal: ☐ City ☐ Private	**Fax Number:**
On-Site Supervisor:	**Telephone Number:**
Name of Certified Food Handler:	
Email Address:	
Hours of Operation:	**Days of Operation:**
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 Number:**
Date(s) and Hours(s) of Operation:	**Food Prep and/or Storage 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
Food Protection Program
100 N. Senate Ave., N855
Indianapolis, IN 46204
317/234-8569   (fax) 317/233-9200

_____   _____
Original Signature of Applicant   Date *(month, day, year)*

_____   _____
Printed Signature of Applicant   Title

For Office Use Only: **Menu Type_____**   **Registration Number: _____**