

For 2025

Huntington County Health Department 1330 S. Jefferson Street Huntington, IN 46750 Office (260) 358-4833 Fax (260) 358-4899

PLEASE CIRCLE THE APPROPRIATE OPTION and COMPLETE ALL SECTIONS INCLUDING THE BACK OF THIS PAGE

- A) Annual Food Establishment/Seasonal Food Permit/Retail \$100.00 * After January 15th an additional \$100 will be required (Late Fee + Permit Fee) **Seasonal Permit holders are exempt from late fee**
- B) **NEW** Food Establishments open after August 1st \$50.00
- C) Annual Food Establishment with a Mobile Food Truck (1) \$150.00 limit 1 Mobile Unit
- D) Temporary Retail Food Permit (Establishments) \$20.00 per event/ \$100 Unlimited set up-no more than 14 consecutive days (DOES NOT INCLUDE MOBILE FOOD TRUCKS, TRAILERS or PUSH CARTS)
- E) Annual Mobile Retail Food Truck, Trailer or Push Cart \$150.00
- F) Temporary Mobile Retail Food Truck, Trailer or Push Cart \$75.00 PER EVENT (please keep in mind-2 temporary Events does not qualify for an annual permit)
- G) **Bed and Breakfast Establishment Permit**-\$125.00 *After January 15th \$100 ADDITIONAL (LATE FEE+ Permit fee)

PLEASE NOTE: AN APPROVED FOOD PERMIT MUST BE RECEIVED PRIOR TO OPENING ANY TYPE OF FOOD SERVICE. Permits are Nontransferable and must be displayed in accordance to the Huntington County Retail Food Ordinance 2023-16. NO REFUNDS

ESTABLISHMENT INFORMATION-PLEASE CIRCLE THE TYPE OF ESTABLISHMENT:

Full-Service Cafeteria/Fast Food/Tavern/School/Supermarket/Convenience/Deli/Other

Name of Establishment				
Establishment Address	City	Zip		
Mailing Address	City	Zip		
E-Mail Address	Establishment Phone#			
Name of Owner	Phone#			

Owner Address	City	State	Zip
*Name of Certified Food Manager	Ex	piration	
** A copy of the SERVSafe Certification is requ	uired and needs to be up to do	ate**	
I/We agree to abide by all provisions se	et forth in the Huntington	County Food Ordi	nance 2023-
16 and the Retail Establishment Sanita	tion Requirements 410 IA	C 7-24. If the Food	1
Establishment demonstrates non-comp	oliance, the Huntington Co	ounty Health Depa	rtment can
revoke the permit.			
Signature of Owner/Manager		Dat	e
Please Print Clearly			
*Water Supply: PublicPrivate (Well) *Sewage: Public	cPrivate (Sept	ic)
MOBILE UNITS: It is your response Events	sibility to keep the Hea	lth Department in	formed of all
*EVENT:	DATES:		
*HOURS OF OPERATION:	MENU:		······································
Commissary:	Address:		
Phone number of Commissary:			
LICENSE PLATE NUMBER FOR MOBILE	RETAIL FOOD TRUCK, TRA	AILER OR PUSH CAF	RT: