



For 2026

**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/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 opening 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 Pushcart** \$150.00-provide a commissary agreement (see our website for the form)
- F) **Temporary Mobile Retail Food Truck, Trailer or Pushcart** **\$75.00 PER EVENT**
****2 temporary Events do not qualify for an annual permit****
- G) **Bed and Breakfast Establishment Permit**-\$125.00 *After January 15th \$100 ADDITIONAL (LATE FEE+ Permit fee)
- H) **Re-instatement Permit Fee**-\$75.00-*Not refundable if denied*

PLEASE NOTE: AN APPROVED FOOD PERMIT MUST BE RECEIVED PRIOR TO OPENING ANY TYPE OF FOOD SERVICE. Permits are Non-transferable and must be displayed in accordance with the Huntington County Retail Food Ordinance 2025-12. 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_____ Expiration_____**

**** A copy of the SERVSafe Certification is required and needs to be up to date****

I/We agree to abide by all provisions set forth in the Huntington County Food Ordinance 2025-12 and the Retail Establishment Sanitation Requirements 410 IAC 7-26. If the Food Establishment demonstrates non-compliance, the Huntington County Health Department can/will revoke the permit.

Signature of Owner/Manager _____ Date _____

Please Print Clearly _____

*Water Supply: _____ Public _____ Private (Well) *Sewage: _____ Public _____ Private (Septic)

MOBILE UNITS: It is your responsibility to keep the Health Department informed of all Events

*EVENT: _____ DATES: _____

*HOURS OF OPERATION: _____ MENU: _____

Commissary: _____ Address: _____

Phone number of Commissary: _____

LICENSE PLATE NUMBER FOR MOBILE RETAIL FOOD TRUCK, TRAILER OR PUSH CART:

