



University Office of Environmental, Health, and Safety Management

1514 East Third Street

Bloomington, IN 47405

www.ehs.indiana.edu

Phone: 812.855.6311

Fax: 812.855.7906

Date of Application _____

REGISTRATION APPLICATION AS A RETAIL FOOD ESTABLISHMENT

410 IAC 7-24-107 PREREQUISITE FOR OPERATION

A person may not operate a retail food establishment without first having registered with the department as required under IC 16-42-1-6.

A retail food establishment registered with a local health department or other regulatory authority shall be considered registered with the department under IC 16-42-1-6.

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.

The owner or operator of the retail food establishment shall maintain at least one copy of this rule on the premises at all times. Immediate electronic access to this rule shall be considered acceptable in meeting this requirement.

Link to 410 IAC 7-24: http://www.in.gov/isdh/regsvcs/foodprot/pdf/410_iac_7-24.pdf

Owner Information:

Owner/Lessee Name: _____ Telephone Number: _____

Mailing Address: _____

Email: _____

Establishment Information:

Establishment Name: _____ Telephone Number: _____

Fax Number: _____ Street Address: _____

Mailing Address: _____

Hours of Operation: _____ Days of Operation: _____

Summer Hours: _____ Open for: Spring Break __Y/N__ Winter Break: __Y/N__

Type of Menu:

(1) _____ Pre-pack. Non-potentially hazardous. (4) _____ Full Service /Advanced Prep

(2) _____ Cook/Serve (5) _____ Full Service/Alternative processing methods

(3) _____ Full Service/Limited reheate

Additional Comments:

Return completed form to:

Food Protection Program
Indiana University
Environmental Health & Safety
1514 East Third Street
Bloomington, IN 47405
FAX: 812.855.7906

(Signature of Applicant)

(Printed Signature of Applicant)

(Title of Person signing Application)

For Office Use Only:

Registration Number: _____