



## Application For Food Establishment Registration

**Complete all information and return to EHS Food Protection Program**

<b>Establishment Name:</b>			<b>Owner's Name:</b>		
<b>Physical Location:</b>			<b>Manager's Name:</b>		
<b>Campus:</b>			<b>Telephone Number:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>E-mail Address:</b>		
<b>Mailing Address:</b>			<b>Fax Number:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Emergency Contact:</b>		
<b>Hours of Operation:</b>			<b>Open For:</b>		
<b>Days of Operation:</b>			<b>Spring Break: ___ Yes/No ___</b>		
<b>Summer Hours:</b>			<b>Winter Break: ___ Yes/No ___</b>		
<b>Certified Food Handler by an accrediting organization and certificate number are mandatory.</b>					
<b>Name:</b>			<b>Certificate Number:</b>		
<b>Accrediting Organization:</b>			<b>Date Certified:</b>		

I hereby certify that the above information is correct and that the food service facilities will be maintained in compliance with the IU-EHS Food Safety Policy, 410 IAC 7-24 and all other applicable regulations and requirements.  
 I understand that the food establishment registration certificate is not transferable or refundable.  
 I will keep the registration certificate posted on the above mentioned premises in a conspicuous location.

**Signed** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date:** \_\_\_\_\_

Fee Rates:	Fee Schedule Description:	Mark Rate:	Risk Factor:	
\$150.00	1-5 Employees (0 - 200 hrs/wk)		Low (1)	
\$300.00	6-9 Employees (201 - 400 hrs/wk)		Medium (2-3)	
\$450.00	10 or more Employees (over 400 hrs/wk)		High (4-5)	
\$100.00	Seasonal Food Establishment (Less than 6 mths/year)			

**IU Account Number (for internal billing, if applicable):** \_\_\_\_\_

**If you do not wish to be billed internally, then please submit payment after you are invoiced. *Please do not mail checks to our office.* See the back of this application for payment instructions.**

### For Office Use Only

Date Received: _____	Payment Method: ___ Internal ___ Check ___ C/C
Fee Rate: _____	Invoice Number: _____
Application Approved: _____	Certificate Number: _____

## Payment Options and Methods

Billing can be processed internally by providing the food service establishment's Indiana University account number on this application; Or once the invoice is received by the food service establishment, payment may be made by check or credit card. ***Please do not mail checks to our office.*** Checks should be mailed with payment stub to: Indiana University Accts Receivable, Dept 78896, P.O. Box 78000, Detroit, MI 48278-0896. Credit card payments may be made at [http://www.fms.indiana.edu/iupay/pay\\_invoice.asp](http://www.fms.indiana.edu/iupay/pay_invoice.asp) **Failure to pay fees by the deadline (within 30 days of invoice receipt) will result in the assessment of a delinquent penalty equal to 30% of the annual fee. Failure to submit an application by September 1st will result in a fee rate charge of \$450.**

## Fee Scheduling

The Fee Schedule for the registration certificate is based on the number of Full Time Equivalent (FTE) employees. The number of FTE employees shall be determined by totaling all full and part-time employees' hours worked (including owners and managers) in an average week. Then divide the total combined hours by forty (40).

## Authority

Indiana University Food Service Policy, Indiana Code, and Title 410 IAC 7-24 stipulate that it is illicit for any person to operate a food service establishment under IU EHS's regulatory purview, who does not possess a valid registration from this office. The registration certification must be posted in a conspicuous location within the food service establishment. The registration shall be valid for 12 months of operation, beginning September 1<sup>st</sup> and terminating on August 31<sup>st</sup> of the following year.

## Food Establishment Risk Factor

(Based on population served, menu, and preparation techniques)

**LOW RISK (1):** Prepackaged potentially hazardous foods; limited menu with no food prep.

(EXAMPLES: Milk, ice cream, frozen meals in display case, coffee bars with cream, convenience stores/drug stores)

**MEDIUM RISK (2-3):** Pre-packaged raw ingredients are cooked or prepared to order. Raw ingredients require minimal assembly. Most products are cooked/prepared and served immediately. Hot and Cold holding of potentially hazardous food is restricted to single meal service. Preparation processes requiring cooking, cooling, and reheating are limited to a few foods.

(EXAMPLES: Chain grocery and restaurants, fast food operations, cafeterias)

**HIGH RISK (4-5):** Extensive handling of raw ingredients. Preparation includes cooking, cooling, and reheating of potentially hazardous foods. A variety of processes require hot and cold holding of potentially hazardous foods. Food processes include advance preparation for next-day service. Category would also include those facilities who serve highly susceptible populations such as pre-school children, hospitals and long term care facilities and facilities that process food at a retail level such as smoking, curing, and reduced-oxygen packaging for extended shelf life.

(EXAMPLES: Banquet/ Catering operations, buffets, non-chain full-service restaurants/grocery stores, foods prepared from "scratch")

**Note: Risk factors are subject to change due to:**

- History of non-compliance with provision related to foodborne illness risk factors or critical items. (4 or more critical violations at an inspection or repeat violations of any type)
- Change in menu or food processes.
- Highly susceptible population service.
- Validated complaint and/or confirmed foodborne illness
- Deemed necessary by IU-EHS.