



Food Protection Division ♦ 200 E. Berry Street, Suite 360 ♦ Fort Wayne, IN 46802

Phone: (260) 449-7562 ♦ Fax: (260) 449-3010 ♦ [www.allencountyhealth.com](http://www.allencountyhealth.com)

## **Retail Food Establishment Change of Owner** **Application Packet**

*Thank you for your interest in becoming a new operator of a retail food establishment. In this packet, you will find all of the necessary paperwork and helpful documents that you will need in order to obtain approval for your new facility. Each document is explained in detail below. Feel free to contact our office if you have further questions.*

☐ **GUIDELINES FOR CHANGE OF OWNER/OPERATOR OF FOOD ESTABLISHMENTS**

Establishments that undergo a change of ownership are required to obtain a 90-day probationary food permit for the business. During the 90-day probationary period, the retail food establishment must meet all current requirements set forth in the Indiana Food Code (410 IAC 7-26).

☐ **RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION**

Since food service permits are not transferable from person to person, the new operator of a retail food establishment must submit an application for a food permit and pay all applicable fees. The application type will depend on the type of food service provided. For example, an Annual Food Service permit application is typically for restaurants, where an Annual Food Market permit application is typically for grocery stores and markets. Once the establishment type is determined, the appropriate application will be provided.

☐ **FOOD ESTABLISHMENT SIGN-OFF SHEET**

All retail food establishments must be in compliance with current Fort Wayne/Allen County Building, Fire and Zoning regulations. It is the responsibility of the operator to contact the Allen County Building Department, the Fort Wayne Fire Department (or other appropriate fire department based upon location of facility) and the Allen County Department of Planning Services to schedule any necessary inspections and/or obtain signatures for approval. This sheet is to be submitted to the Department of Health once all signatures have been obtained (and must be submitted in completed form prior to final inspection by the Department of Health).

☐ **LIST OF CERTIFIED FOOD HANDLER PROVIDERS**

410 IAC 7-26-135 requires that retail food establishments (unless otherwise exempted) have at least one certified food handler who has demonstrated knowledge of food safety principles by passing a test that is part of an accredited program. This document provides a list of providers that meet the requirements as required by the Indiana Department of Health Certification of Food Protection Manager Requirements.



## **Guidelines for Change of Owner/Operator of Food Establishments**

**NOTE:** Food Establishment Permits are NOT transferable from one owner of an establishment to another. The new permittee taking over a continuously operating food establishment must obtain a 90-day probationary food permit for the business. In order to qualify for a new annual food permit (at the end of the 90-day probationary period), the establishment must meet all current Food Code requirements. The procedure to obtain a proper permit is outlined below.

1. **CONTACT FIRE AND BUILDING DEPARTMENTS.** All food establishments must be in compliance with current Fire and Building codes. Contact the applicable departments using the contact information on the reverse side of this form for their requirements and approval.
2. **CONTACT THE ALLEN COUNTY DEPARTMENT OF HEALTH.** Prior to the actual change of ownership, call our Department to inform us of the impending transaction. We can be reached from 8 a.m. to 4:30 p.m. Monday through Friday at 260-449-7562.
3. **SCHEDULE A PRELIMINARY INSPECTION OF THE ESTABLISHMENT.** Make an appointment with the appropriate inspector to have them conduct a change of ownership inspection of the establishment. Allow at least two working days for scheduling. It is recommended that this inspection be conducted prior to the ownership change, with both the present and future owners in attendance. The inspection report will list all items that must be corrected to bring the establishment into compliance with current Food Code requirements.
4. **SUBMIT PLANS, IF APPLICABLE.** If the establishment is to undergo remodeling/additions, plans must be submitted prior to construction to this Department for review. (See "Plan Content Requirements" for content and specific requirements for submitted plans). At that time, a Plan Receipt will be issued, which will allow your contractor to obtain necessary Building Permits. ***Failure to submit plans before construction commences may result in the issuance of an immediate stop work order and the assessment of a fine. Work will not be allowed to resume until plans have been submitted and the fine has been paid.***
5. **OBTAIN A 90-DAY PROBATIONARY PERMIT.** Submit a completed permit application and all applicable fees for a 90-day probationary permit to the Health Department. **Note:** The permit must be applied for PRIOR to change of ownership to avoid penalty fees. Once the Health Department has received the application and fees, a 90-day Probationary Permit will be issued. The establishment has 90 days to come into compliance with all of the Food Code requirements as noted on the preliminary inspection. **Note:** Fees must be submitted to the Health Department in person or by mail, as no fees may be received in the field.
6. **SCHEDULE FINAL APPROVAL INSPECTION.** Make all required corrections prior to the expiration of the 90-day Probationary Permit. An inspection will be conducted the day following the permit expiration date (or so), unless the owner calls to schedule an earlier day. Allow at least two working days for scheduling. If all corrections are completed, the establishment will be approved for an annual food establishment permit. ***If all corrections are not completed, the establishment may be closed immediately.***

## BUILDING AND FIRE DEPARTMENT CONTACT INFORMATION



### **Allen County Department of Health**

(260) 449-7561

### **Allen County Building Department**

Commercial Building Inspector - (260) 449-7546

### **Allen County Department of Planning Services**

(260) 449-7607

### **Fort Wayne Community Development**

(260) 427-1129

## **FIRE DEPARTMENT INFORMATION:**

### **FORT WAYNE FIRE DEPARTMENT (within city limits)**

1 Main St., Suite 901 – Fort Wayne, IN 46802 – dial 3-1-1

<https://www.fortwaynefiredepartment.org/>

### **HOAGLAND FIRE DEPT**

11316 Hoagland Road – Hoagland, IN 46745 – (260) 639-6161

<https://www.hoaglandfire.com/>

### **MONROEVILLE FIRE DEPT**

205 W. South St. – Monroeville, IN 46773 – (260) 623-6234

<https://ivfa.org/departments/monroeville-vol-fire-dept/>

### **EAST CENTRAL FIRE & EMS**

910 Hartzell Road – New Haven, IN 46774 – (260) 493-7500

<https://www.newhaven.in.gov/601/East-Central-Fire-EMS>

### **NORTHEAST ALLEN COUNTY FIRE PROTECTION DISTRICT**

13415 State St. – Grabill, IN 46741 – (260) 627-5133

<https://ivfa.org/departments/north-east-allen-county-fire-ems/>

### **NORTHWEST ALLEN COUNTY FIRE PROTECTION DISTRICT**

15412 Lima Road – Hometown, IN 46748 – (260) 449-3698

<https://www.facebook.com/@nwfiredistrict/>

### **SOUTHWEST ALLEN COUNTY FIRE PROTECTION DISTRICT**

12912 Indianapolis Road – Yoder, IN 46798 - (260) 747-2938

<https://www.southwestfire.com/>



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## ANNUAL FOOD SERVICE PERMIT APPLICATION

All Food Establishments must comply with 410 IAC 7-26 and Allen County Code, Title 10, Article 2 at all times or be subject to the penalties therein.

NAME OF ESTABLISHMENT: \_\_\_\_\_  
(this is how it will appear on your permit and in our files)

Address of Establishment (location): \_\_\_\_\_  
(street) (city) (ZIP)

Mailing Address for Permit: \_\_\_\_\_  
(street) (city) (state) (ZIP)

Mailing Address for permit renewal letter: \_\_\_\_\_  
(street) (city) (state) (ZIP)

Establishment Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Owner Address: \_\_\_\_\_

Type of Ownership (\* see back) Individual Partnership Corporation LLC Other: \_\_\_\_\_

If corporation, list name: \_\_\_\_\_ Registered Agent: \_\_\_\_\_

### -- THE FOLLOWING ISSUES MUST BE ADDRESSED/COMPLETED OR PERMIT WILL NOT BE ISSUED --

- (1) Total number of Employees: \_\_\_\_\_ (including owners, managers and staff in food service/preparation capacity)
- (2) Name of the Person-In-Charge: \_\_\_\_\_ Position: \_\_\_\_\_
- (3) Name of Certified Food Manager: \_\_\_\_\_ Position: \_\_\_\_\_ Cert. Expiration: \_\_\_\_\_  
(In accordance with 410 IAC 7-26, each food establishment must employ a certified food protection manager unless otherwise exempt.)
- (4) List the days and hours of operation (be specific): \_\_\_\_\_
- (5) Type of water supply to the establishment: Municipal Private (well)

### PERMIT FEE SCHEDULE (This is a non-refundable fee.)

**LATE FEES APPLY IF THE PAYMENT IS BEING MADE AFTER THE 15<sup>TH</sup> OF THE MONTH IT IS DUE. IF LATE, USE CHART ON RIGHT.**

#### ON-TIME RENEWALS, use the chart below

TOTAL EMPLOYEES	FEE
1-5	\$300.00
6-9	\$400.00
10-40	\$450.00
41 and over	\$500.00
SCHOOLS	\$ 70.00

#### LATE RENEWALS, use the chart below

TOTAL EMPLOYEES	TOTAL FEE
1-5	\$ 375.00
6-9	\$ 500.00
10-40	\$ 562.50
41 and over	\$ 625.00
SCHOOLS	\$ 87.50

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW ESTABLISHMENTS & CHANGES OF OWNERSHIP, SEE BACK OF APPLICATION FOR FEE SCHEDULE**

**Make all checks or money orders payable to the Allen County Department of Health.**

**NOTE #1:** This permit is solely for the facility located at the address listed above. Any sale and/or food preparation at an off-site event is beyond the definition of catering and is not in compliance with state law/local ordinance and subject to penalties.

**NOTE #2:** Payments made by check that result in non-sufficient funds will result in the requirement for immediate payment to the Allen County Department of Health (plus an additional NSF check fee) via cash, money order or certified check within 5 business days. If payment is not received within 5 business days of notification, the establishment will be closed until fees are paid in full.

**NOTE #3 (Collections):** Any and all charges for services and permits are your sole responsibility and are to be paid in full upon application. In the event any legal proceeding must be instituted to recover the amount due, the Allen County Department of Health shall be entitled to recover the cost of the collections, including reasonable attorney fees.

**By signing below, I agree to ALL terms and conditions listed on this permit application**

Permit will not be issued  
if not properly signed!

Signature of Applicant(s) or Corporate Officer: \_\_\_\_\_

Printed Name of Applicant(s): \_\_\_\_\_

-----FOR OFFICE USE ONLY BELOW THIS LINE -----

Signature of Food Division Representative \_\_\_\_\_

Date \_\_\_\_\_

District #: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Estab. #: \_\_\_\_\_ Permit #: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Clerk: \_\_\_\_\_

**\*ESTABLISHMENTS WITH SHARED OWNERSHIP, A PARTNERSHIP, OR ANY FORM OF MULTIPLE OWNERSHIP OR MEMBERSHIP – please complete the following for each:**

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ownership %: \_\_\_\_\_

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Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ownership %: \_\_\_\_\_

**NOTE TO NEW ESTABLISHMENTS OR NEW OPERATORS – Non-Probationary**

**New Establishment Fee: \$280.00**

Each new food establishment shall be required to pay a fee of **two hundred and eighty dollars (\$280.00)** for the review of plans and specifications and for the initial inspection of the Food Establishment. This fee is in addition to the permit fee.

**NOTE TO NEW OPERATORS – (90-day Probationary) Fee: \$175.00**

Each new permittee of a food establishment which is in existence and has been operating on a continual basis up to the time that the new permittee takes over the ownership or possession of said food establishment, shall be required to pay a fee of **one hundred and seventy five dollars (\$175.00)** for the initial inspection of the food establishment. This is an addition to the permit fee as set out herein.

**(Food establishments under new ownership are required to meet all applicable current codes within 90 days.)** *There will be no extensions on this 90-day probationary period. All codes must be met at the time for the annual permit to be issued. If codes are not met at that time, the probationary permit will be revoked and the establishment will be closed. Refer to Title 10, Article 2 (Food and Beverage Ordinance) for further information.*

**New Operator:** I, \_\_\_\_\_, have read and understand the  
Please Sign  
above paragraph and I also understand I will need to schedule an initial inspection of the facility to determine what needs to be done to meet all applicable requirements.

**Actual date that the change of ownership will become effective:** \_\_\_\_\_



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## ANNUAL FOOD MARKET PERMIT APPLICATION

All Food Establishments must comply with 410 IAC 7-26 and Allen County Code, Title 10, Article 2 at all times or be subject to the penalties therein

NAME OF ESTABLISHMENT: \_\_\_\_\_  
(this is how it will appear on your permit and in our files)

Address of Establishment (location): \_\_\_\_\_  
(street) (city) (ZIP)

Mailing Address for Permit: \_\_\_\_\_  
(street) (city) (state) (ZIP)

Mailing Address for permit renewal letter: \_\_\_\_\_  
(street) (city) (state) (ZIP)

Establishment Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Owner Address: \_\_\_\_\_

Type of Ownership (\* see back) Individual Partnership Corporation LLC Other: \_\_\_\_\_

If corporation, list name: \_\_\_\_\_ Registered Agent: \_\_\_\_\_

**-- THE FOLLOWING QUESTIONS MUST BE ANSWERED OR PERMIT WILL NOT BE ISSUED --**

(1) Square footage of the food market area (only where food is stored, handled, displayed or sold): \_\_\_\_\_

(2) What is the name of the Person-In-Charge? \_\_\_\_\_ Position: \_\_\_\_\_

(3) Name of Certified Food Manager? \_\_\_\_\_ Position: \_\_\_\_\_ Cert. Expiration: \_\_\_\_\_

(In accordance with 410 IAC 7-26, each food establishment must employ a certified food protection manager unless otherwise exempt.)

(4) Please list your days and hours of operation (be specific): \_\_\_\_\_

(5) Type of water supply to the establishment: Municipal Private (well) (6) Number of Employees: \_\_\_\_\_

### PERMIT FEE SCHEDULE (This is a non-refundable fee.)

**LATE FEES APPLY IF THE PAYMENT IS BEING MADE AFTER THE 15<sup>TH</sup> OF THE MONTH IT IS DUE.  
IF LATE, USE CHART ON RIGHT.**

**ON-TIME RENEWALS, use the chart below**

**SQUARE FOOTAGE TOTAL FEE**

Under 3,000 \$300.00

3,001-30,000 \$500.00

30,001-40,000 \$675.00

40,001-60,000 \$900.00

60,001 and over \$1,125.00

**LATE RENEWALS, use the chart below**

**SQUARE FOOTAGE TOTAL FEE**

Under 3,000 \$375.00

3,001-30,000 \$625.00

30,001-40,000 \$843.75

40,001-60,000 \$1,125.00

60,001 and over \$1,406.25

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**By signing below, I agree to ALL terms and conditions listed on this permit application**

Permit will not be issued  
if not properly signed!

**Signature of Applicant(s) or Corporate Officer:** \_\_\_\_\_

**Printed Name of Applicant(s):** \_\_\_\_\_

-----FOR OFFICE USE ONLY BELOW THIS LINE -----

Signature of Food Division Representative

Date

District #: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Estab. #: \_\_\_\_\_ Permit #: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Clerk: \_\_\_\_\_

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Each new permittee of a food establishment which is in existence and has been operating on a continual basis up to the time that the new permittee takes over the ownership or possession of said food establishment, shall be required to pay a fee of **one hundred and seventy five dollars (\$175.00)** for the initial inspection of the food establishment. This is an addition to the permit fee as set out herein.

**(Food establishments under new ownership are required to meet all applicable current codes within 90 days.)** *There will be no extensions on this 90-day probationary period. All codes must be met at the time for the annual permit to be issued. If codes are not met at that time, the probationary permit will be revoked and the establishment will be closed. Refer to Title 10, Article 2 (Food and Beverage Ordinance) for further information.*

**New Operator:** I, \_\_\_\_\_, have read and understand the above paragraph and I also understand I will need to schedule an initial inspection of the facility to determine what needs to be done to meet all applicable requirements.

**Actual date that the change of ownership will become effective:** \_\_\_\_\_



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## Food Establishment Sign-Off Sheet

**THIS FORM MUST BE SIGNED BY ALL APPLICABLE DEPARTMENTS, AND THE ORIGINAL DOCUMENT (NO COPIES) MUST BE RETURNED TO THE DEPARTMENT OF HEALTH BEFORE ANY FOOD ESTABLISHMENT OPERATIONAL PERMITS CAN BE ISSUED.**

New Establishment      New Operator      Probationary      Remodel/Fire      Other: \_\_\_\_\_

NAME OF ESTABLISHMENT \_\_\_\_\_

OPERATING ADDRESS \_\_\_\_\_

**Type of Establishment:**

Permanent      Mobile/trailer      Off-Site Outdoor Grilling      Other: \_\_\_\_\_

**Operation Information:**

# of days/month or months/year \_\_\_\_\_ At what location(s): \_\_\_\_\_

**Structural Information:**

Permanent Building      Trailer      Tent      Other (please list) \_\_\_\_\_

OWNED BY \_\_\_\_\_ PHONE \_\_\_\_\_

OPERATED/MANAGED BY \_\_\_\_\_ PHONE \_\_\_\_\_

*Allen County Code, Title 10, Article 2 (Allen County Food and Beverage Ordinance) states: "All Food Establishments must fully comply at all times with all local and state Building, Zoning and Fire codes." Therefore, the following departments are required to approve this establishment under their respective rules and regulations before a food establishment permit can be issued by the Department of Health.*

The applicant is required to contact the Allen County Building Department for approval between the hours of 8 a.m. to 4:30 p.m. (SEE BACK). Applicants should allow sufficient time for approval, as an inspection may be required by the Bldg. Dept.

**Will any new equipment be installed?**      Yes      No      If yes, what: \_\_\_\_\_

**APPROVED BY BUILDING DEPARTMENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

Comments \_\_\_\_\_

Note: The Allen County Building Department must be contacted as soon as possible to discuss the requirements regarding any ventilation hood system. A new air balance test is required when any construction takes place or when any hood modifications occur. Further, if there is a change of ownership (even with no building/hood modifications), a new air balance test is required if one has not been performed during the past 12 months. The new owner is responsible for working with the Building Department to either provide documentation of a valid/accepted air balance report or obtaining a new air balance test if required.

**APPROVED BY FIRE INSPECTOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

Comments \_\_\_\_\_

This section below must be completed if the establishment is going through a change of ownership, conducting remodeling, or for establishments for which plans will not be going through a traditional plan review "routing" process. Obtain the appropriate signature below based on the location of the property/business. Additionally, a signature must be obtained from the appropriate Water Pollution Control authority (Fort Wayne City Utilities Development Services or Aqua Indiana) to ensure compliance with all applicable codes and regulations.

Approved      Not Approved      **Dept. of Planning Services** \_\_\_\_\_ **DATE** \_\_\_\_\_

Approved      Not Approved      **Leo-Cedarville Planning District** \_\_\_\_\_ **DATE** \_\_\_\_\_

Approved      Not Approved      **New Haven Planning Department** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Comments** (from applicable Planning Dept.) \_\_\_\_\_

Approved      Not Approved      **Fort Wayne City Utilities** \_\_\_\_\_ **DATE** \_\_\_\_\_

Approved      Not Approved      **Aqua Indiana** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Comments** (from applicable Water Pollution Control) \_\_\_\_\_



## Helpful Telephone Numbers and Department Information

### **Building Department**

Allen County Building Department (260) 449-7131

1<sup>st</sup> Floor – Citizens Square Building 200 E. Berry St., Ste 180

*Applicants should contact the Building Department office regarding any needs regarding this form.  
The Building Department will decide if an inspection is needed and arrange the scheduled inspection.*

### **Planning and Zoning**

Allen County Department of Planning Services (260) 449-7607

1<sup>st</sup> Floor – Citizens Square Building, Ste 150

Leo-Cedarville Planning District (260) 627-6321

New Haven Planning Department (260) 748-7040

### **Water Pollution Control**

Fort Wayne City Utilities Development Services (260) 427-5064

2<sup>nd</sup> Floor – Citizens Square Building, Room 250

Aqua Indiana (260) 625-4700

1111 W. Hamilton Road South

### **Fire Departments**

Fort Wayne Fire Code Enforcement Dial 3-1-1

Northeast Allen County Fire (260) 627-5133

- Grabill, Harlan, Leo-Cedarville, Cedar Creek Twp., Springfield Twp., Scipio Twp.

Northwest Allen County Fire (260) 449-3698

- Hometown, Washington Twp., Eel River Twp., Perry Twp.

Hoagland Fire Dept. (260) 639-6161

Monroeville Fire Dept. (260) 623-6234

East Central Fire & EMS (260) 493-7500

- New Haven, Woodburn, Adams Twp., Jefferson Twp., Maumee Twp., Milan Twp.

Southwest Allen County Fire (260) 747-2938

- Wayne Twp., Pleasant Twp., Marion Twp., Lafayette Twp.

West Central Allen County Fire (260) 436-1449

- Aboite Twp., Lake Twp.

### **ADDITIONAL COMMENTS:**

Department Name:

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Department Name:

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# Food Handler Certification Examination and Training Program Providers

The following organizations offer nationally accredited food safety certification programs and examinations utilizing the Conference for Food Protection standards. This list is subject to change as additional programs are accredited or discredited by the standards set forth by the American National Standard Institute (ANSI).

**Certified Professional Food Manager®**  
Thomson Prometric (formerly Experior Assessments, LLC)  
1360 Energy Park Drive  
St. Paul, MN 55108  
Phone: 1-800-786-3926  
Fax: 1-800-247-9362  
Internet: [www.experioronline.com](http://www.experioronline.com)  
Certification lasts for 5 years

**Food Safety Manager Certification Examination**  
The National Registry of Food Safety Professionals  
5728 Major Blvd., Suite 750  
Orlando, FL 32819  
Phone: 1-800-446-0257  
Internet: [info@nrfsp.com](http://info@nrfsp.com)  
Certification lasts for 5 years

**ServSafe®**  
Indiana Restaurant and Hospitality Association  
200 South Meridian Street, Suite 350  
Indianapolis, IN 46225  
Contact: Debbie Scott  
Phone: 1-800-678-1957  
Internet: [www.indianarestaurants.org](http://www.indianarestaurants.org)  
Certification lasts for 5 years

The following organizations offer training programs and one or more of the approved examinations from the aforementioned accredited testing organizations:

**Safe Food Handlers Corporation**  
665 South Farmingdale Road  
New Berlin, Illinois 62670  
PH: 888-793-5136  
FAX: 217-793-5163  
Internet: [www.sfhcorp.com](http://www.sfhcorp.com)  
Email: [sfhcorp@aol.com](mailto:sfhcorp@aol.com)  
Contact: Ron Thomas, Director of Marketing and Education  
Using ServSafe® exam

**EcoSure, a service of Ecolab**  
60 Revere Drive, Suite 800  
Northbrook, IL 60062  
PH: (847) 480-9898  
FAX: (847) 480-1838  
Contact: Dave Schoen  
Email: [dave.schoen@ecolab.com](mailto:dave.schoen@ecolab.com)  
Internet: [www.ecosure.com](http://www.ecosure.com)  
Using the ServSafe® exam

**Allen County Extension Office**  
4001 Crescent Ave.  
Ft. Wayne, IN 46815  
PH: (260) 481-6826  
Using course and examination from ServSafe®

**Indiana School Food Service Association**  
SFS Division, SFS Serves  
P.O. Box 702  
Mishawaka, IN 46546  
Contact: Michael Miller  
PH: (800) 348-0823  
FAX: (574) 257-0895  
Internet: [www.sfsserves.com](http://www.sfsserves.com)  
Email: [Michael@sfsserves.com](mailto:Michael@sfsserves.com)  
Using the ServSafe® exam

**SuperSafeMark®**  
Food Marketing Institute  
655 15<sup>th</sup> Street, NW  
Washington, D.C. 20005  
Contact: Laurie Williams  
PH: (202) 220-0660  
Internet: [www.supersafemark.com](http://www.supersafemark.com)  
Using the National Registry exam

**NEHA Training LLC**  
720 S. Colorado Blvd., Ste 900-S  
Denver, CO 80246  
PH: (303) 756-9090, ext. 347  
FAX: (303) 691-9490  
Internet: [www.nehatraining.com](http://www.nehatraining.com)  
Contact: Shawn Sheridan, Program Coordinator  
Using examination from National Registry of Food Professionals

**Purdue University**  
Department of Food Science  
Food Science Building  
745 Agriculture Mall Dr.  
West Lafayette, IN 47907-2009  
Contact: Ann Guentert  
PH: (765) 496-3827  
Internet: [www.foodsci.purdue.edu/outreach/retailfoodsafety/](http://www.foodsci.purdue.edu/outreach/retailfoodsafety/)  
Using the National Registry exam

**Indiana Licensed Beverage Association**  
Food Handling Certification  
47 South Pennsylvania Street, Suite 702  
Indianapolis, IN 46204  
PH: (800) 843-5288  
Contact: Kimberly Blakely  
Email: [kblakeley@indianalba.com](mailto:kblakeley@indianalba.com)  
Internet: [www.indianalba.com](http://www.indianalba.com)  
Using the National Registry exam

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<b>HP Product</b> 4220 Saguaro Trail Indianapolis, IN 46268 PH: (317) 298-9950 ext. 132 PH: (800) 382-5326 Contact: James F. Krohn Email: <a href="mailto:jkrohn@sales.hpproducts.com">jkrohn@sales.hpproducts.com</a> Using the National Registry exam	<b>Kentucky Food Safety Consulting</b> P.O. Box 7535 Louisville, KY 40257-0535 PH: (502) 552-2204 Contact: Mark S. Ohlmann, CFSP Email: <a href="mailto:kyfoodsafety@msn.com">kyfoodsafety@msn.com</a> Using NEHA Trainings Food Safety program and using the National Registry exam
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