Food Service Registration Application

Food Establishment				
Name:				
Campus:			Phone:	
Address:	City:	State:	Zip Code:	
Food Establishment Represe	ntative			
Name:	Email:	Phone:		
Address:	City:	State:	Zip Code:	
Person Responsible for Food	Service Registration	(Required)		
Purdue University requires either a co contact information of the person resp				
Same as Above: Yes No				
Name:	Email:	Phone:		
Authority				
Both Purdue University and the State Radiological and Environmental Mana and clearly visible. Annual registration Temporary registrations are valid only	agement (REM). Approved as are valid for twelve mont	registrations are required hs beginning August 1st a	d to be posted in the operation	
Certified Food Handler				
Name:	Date Certified:			
Accrediting Organization:				
Fee Schedule for External Ve	ndors Only			
Annual Registration	Temporary Registra			
\$150.00 for 1-5 Employees \$300.00 for 6-9 Employees \$450.00 for 10 or More Employees	\$25.00 for a 1 Day Ever \$50.00 for a 2-14 Day E			
Acknowledgment				

Acknowledgment

By submitting this form you certify the information is correct and that the food service operation will be maintained in compliance with Purdue University food safety best practices and Indiana Retail Food Establishment Sanitation Requirements (410 IAC 7-24) and all other applicable regulatory requirements. Registrations are non-transferrable and non-refundable.

For REM Use Only						
Invoice #	Fee Schedule	Payment Method	Approved	Certificate #		
		☐ Internal (No Payment) ☐ Check #:	☐ Yes ☐ No			