



# Decatur County Health Department

801 North Lincoln St. Greensburg, IN 47240 Phone (812)663-8301 Fax (812)663-4174

## Annual Food Service Permit Application

A copy of the entire menu should be attached to this application

Name of Establishment: \_\_\_\_\_

Address of Establishment (location): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Name of Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_

Name of Person in Charge: \_\_\_\_\_ Title: \_\_\_\_\_

Person in Charge has the oversight of a zone, district or region.

Telephone (Person in Charge): \_\_\_\_\_ Telephone (Operator): \_\_\_\_\_

Name of Operator: \_\_\_\_\_ Title: \_\_\_\_\_

Operator has oversight of the preparation or serving of food at the establishment.

Name of Certified Food Handler(s): \_\_\_\_\_

Is business:     Bed and Breakfast     Retail Food     Temporary     Mobile

### Permit Fees

(This is a non-refundable fee and permits are non-transferable.)

Bed and Breakfast Establishment and/or Retail Food Establishment	Temporary Food Establishment
Annual \$40	For a period of no more than fourteen (14) consecutive days in conjunction with a fair or festival  \$15 for each booth for each event
Establishment Opening after June 30 <sup>th</sup> \$20	
Late fee of \$20 assessed for every 45 days	

If for Temporary Food Permit, list event and dates of event: \_\_\_\_\_

Make all checks and money orders to Decatur County Department of Health.

Signature of Applicant(s): \_\_\_\_\_

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