

DELAWARE COUNTY HEALTH DEPARTMENT

125 N. Mulberry St. Muncie, IN 47305

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Public Health
Prevent. Promote. Protect.

2018 APPLICATION FOR A FOOD ESTABLISHMENT PERMIT

FOR OFFICE USE ONLY

Date of Application: _____ Initial of Staff Member: _____ Establishment #: _____

Permit Number Issued: _____ Receipt Number: _____ Amount Paid: _____

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

ESTABLISHMENT CITY: _____ STATE: _____ ZIP: _____

ESTABLISHMENT PHONE: _____ ESTABLISHMENT FAX: _____

ESTABLISHMENT E-MAIL: _____

PERSON IN CHARGE/CONTACT PERSON: _____ TITLE: _____

HOURS OF OPERATION: _____

OWNER'S MAILING NAME: _____

OWNER'S MAILING ADDRESS: _____

OWNER'S MAILING CITY: _____ STATE: _____ ZIP: _____

OWNER'S PHONE: _____ OWNER'S FAX: _____

OWNER'S E-MAIL: _____

I hereby certify that the above information is correct and that the food service facility will be maintained in compliance with Indiana Code 410 IAC 7-24 and the Delaware County Ordinance 2004-013. I understand that the food establishment permit is non-transferable and must be kept posted in a conspicuous location on the above mentioned premises.

SIGNED: _____ TITLE: _____

PRINT: _____ DATE: _____