PERRY COUNTY HEALTH DEPARTMENT
3214 TELL STREET
TELL CITY, IN 47586

FOOD ESTABLISHMENT ORDINANCE
Ordinance no. O-C-02-4
Perry County, Indiana

APPLICATION FOR FOOD SERVICE OR FOOD STORE PERMIT

DATE:_____

ESTABLISHMENT NAME, ADDRESS & PHONE NUMBER:

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OWNER'S NAME, ADDRESS & PHONE NUMBER:

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MANAGER'S NAME & PHONE NUMBER:

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OWNER & MANAGER **Email** Address (for inspection reports):

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*Please include a copy of your Food Managers Certificate (ANSI Certified).
*Please include a copy of your Commissary Agreement (if applicable).
*Please include a copy of your State/Home County Permit (if applicable).

TYPE OF ESTABLISHMENT: (Circle one)
Retail Restaurant Convenience Store Club Bar School Hospital Mobile Church

Hours of Operation/DAYS CLOSED:

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INDIVIDUALLY OWNED: _____ PARTNERSHIP: _____ CORPORATION: _____ NONPROFIT: _____

If Partnership or Corporation, please list all interested parties:

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FEES NOT PAID BY JANUARY 31st SHALL PAY A DELINQUENT CHARGE OF $10 PER MONTH.

Please return this application along with fee of $50 to the Perry County Health Department, in person or by mail: **c/o Sanitarian, 3214 Tell Street, Tell City, IN 47586**.

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