



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: \_\_\_\_\_

NAME, ADDRESS & PHONE NUMBER OF ESTABLISHMENT:  
\_\_\_\_\_  
\_\_\_\_\_

OWNER'S NAME, ADDRESS & PHONE NUMBER:  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

TYPE OF ESTABLISHMENT: \_\_\_\_\_

Hours of Operation/DAYS CLOSED: \_\_\_\_\_  
\_\_\_\_\_

INDIVIDUALLY OWNED: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_ CORPORATION: \_\_\_\_\_ NONPROFIT: \_\_\_\_\_

If Partnership or Corporation, please list all interested parties:  
\_\_\_\_\_  
\_\_\_\_\_

FEES NOT PAID BY March 1st 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: **3214 Tell Street, Tell City, IN 47586.**

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

Kim Robertson, Perry County Sanitarian  
Office (812) 547-2746 ext 2 or Cell (812)548-8007  
**NOTICE: THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR LOCATION.**