Vigo County Health Department
147 Oak Street, Terre Haute, Indiana 47807
812-462-3281 Attn: Beth
2019 Food Permit Application

Application for Operating Permit for Food Service Establishments and Caterers.

.

Establishment:

Name of Establishment: _____

Address: _____

City, State, Zip Code: _____

Establishment Phone: ( ) _____

Name of Manager: _____

Cell or Home Phone Number of Manager listed above: _____

Email Address (for copy of inspections): _____

Owner's Information:

Owner's Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: ( ) _____ Cell: ( ) _____

Where would you like your application mailed to next year?

☐ To Establishment listed above ☐ To Owner listed above ☐ Other (list below)

Name: _____

Address: _____

City, State, Zip Code: _____

You must have a Certified Food Handler on staff! Proof must be available at the establishment.

Please choose:

☐ 1 – 15 Employees $110.00

☐ 16 or More Employees $150.00

☐ Catering . . . . . $20.00 (add to above fee)

I attest to the accuracy of the information provided in this application. I will comply with this ordinance and allow the Vigo County Health Department access to this establishment and all records or information pertinent to the inspection as specified in 410 IAC 7-15.5 and 410 IAC 7-24.

_____ _____ $_____

Signature of Owner or Manager Date Amount Enclosed

For Health Dept Use Only:

Permit #: 2019- _____ Amount Paid: $ _____