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

Application for Operating Permit for Non-Profit Food Service Establishments.

Establishment:

Name of Establishment: _____

Address: _____

City, State, Zip Code: _____

Establishment Phone: ( ) _____

Name of Manager/Person in charge: _____

Cell or Home Phone Number of Manager listed above: _____

Email Address (for copy of inspections): _____

Owner's Information:

Owner's Name: _____

Owner's Home 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: _____

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

For Health Dept Use Only:

Permit #: 2019- _____ Clerk: _____