Vigo County Health Department
147 Oak Street, Terre Haute, Indiana 47807
812-462-3281 Attn: Tiffany
2023 Micro Market

Application for Operating Permit for Micro Market.
We accept cash, check, cashier's check and money orders ONLY.

Micro Market Information:

Micro Market Name: _____

Location/Address: _____

City, State, Zip Code: _____

Phone: ( ) _____

Owner's Information:

Owner's Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: ( ) _____ Cell: ( ) _____

Email Address: _____

Where would you like your application mailed to next year?

Name: _____

Address: _____

City, State, Zip Code: _____

☐ Micro Market Fee per location: $50.00

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 #: 2023- _____ Amount Paid: $ _____