



Daviness County HEALTH DEPARTMENT

Daviness County Government Center
300 E. Hefron St., Suite 150, Washington, IN 47501
Phone: (812) 254-8666 Fax: (812) 254-8643
www.davinesshealth.com info@davinesshealth.com

FEEES	
Annual Retail:	\$125
Annual Mobile:	\$100
Annual Late Fee:	\$100
<i>(Received After Jan 10th)</i>	
Temporary:	\$50
Temp. Late Fee:	\$50
<i>(Less than 1 week from start)</i>	
Bed & Breakfast:	\$35
Retail After Jul 1st:	\$75
<i>(New Permits ONLY)</i>	

FOOD ESTABLISHMENT PERMIT APPLICATION FORM (Please Print or Type Clearly)

Establishment Name: _____

Est. Address: _____

Est. Email Address: _____
(Where Inspection Reports Will Be Sent)

Establishment Phone #: _____ Establishment Fax #: _____

Owner's Name: _____

Owner's Address: _____

Owner's Email Address: _____

Owner's Phone #: _____ Owner's Fax #: _____

Manager or Operator: _____

Most Responsible Person: _____
(Other Than Manager)

Certified Food Handler: _____
(MUST include copy of certificate and holder's ID)

District Manager *(If Applicable)*: _____

Dist. Mgr. Address: _____

Dist. Mgr. Email Address: _____

Dist. Mgr. Phone #: _____

Business Hours: **Sun** ____ to ____ **Mon** ____ to ____ **Tues** ____ to ____ **Wed** ____ to ____

Thurs ____ to ____ **Fri** ____ to ____ **Sat** ____ to ____ *Or if Temporary List Location on Next Line*

Temporary Event/Location: _____

Menu Items: _____
(write in or attach)

Representative Completing Form:

Printed Name: _____ Phone: _____

Signature: _____ Date: _____

Any Questions Please Contact Daviness County Environmental Health Services at (812) 254-8674.

For Health Department Use Only:

Date Received: _____	Date Issued: _____	Amt. Received: _____
Payment Type: _____ <small>(Check Number)</small>	Receipt #: _____	Permit #: _____