

HANCOCK COUNTY HEALTH DEPARTMENT
111 AMERICAN LEGION PLACE, GREENFIELD IN 46140
PHONE: 317-477-1125; WEBPAGE: WWW.HANCOCKCOINGOV.ORG

Application for New Restaurant/Market or New Ownership

Name of Establishment: _____

Address: _____
Street City State Zip Code

Establishment Telephone Number: _____

E-mail for permit renewal

Name E-mail Address

Email for Recall information **if different than above:**

Name Email Address

***Certified Food Handler if Applicable _____

Owner(s) Name: _____

Address: _____
Street City State Zip Code Phone

Target Date for Opening or New Ownership: _____

Hours of Operation: Mon: _____ Tues _____ Wed _____
Thurs _____ Fri _____ Sat _____
Sun _____

Please pay your fee based on the number of employees working at your facility:

Number of Employees: _____ \$ 150.00 1-5 employees
\$ 300.00 6-25 employees
\$ 600.00 over 25 employees

*****Please include a copy of certified food handler documentation, a floor plan and menu with your application. Please make checks payable to the Hancock County Health Department.**

Printed Name of Applicant

Signature of Applicant

Date: _____

Office Use Only

Permit#: _____

Date Issued: _____

Date Received: _____

Check Number: _____

11/10/2020