



# HARRISON COUNTY HEALTH DEPARTMENT

FOOD PROTECTION

241 Atwood Street, Suite 200 – Corydon, Indiana 47112  
Phone 812-738-3237, Extension 1082 – Fax 812-738-4292  
Website: [www.in.gov/localhealth/harrisoncounty](http://www.in.gov/localhealth/harrisoncounty)  
Office hours: Monday – Friday, 8:00 AM – 4:30 PM

## APPLICATION FOR 2023 FOOD PERMIT RENEWAL

Please check information carefully and correct anything that is incorrect. All fields must be completed.

Facility Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ Certified Food Handler: _____ N/A <input type="checkbox"/> Type of certification: _____ Exp. Date: _____ <small>(ServSafe, Prometric, NRFSP, etc.)</small> E-mail address: _____			<i>For office use only</i> <table border="1"> <tr><td colspan="3">Access</td></tr> <tr><td>Permit</td><td></td><td></td></tr> <tr><td colspan="3">Date</td></tr> <tr><td>#</td><td colspan="2">«Num»</td></tr> <tr><td>E</td><td>HD</td><td>chimp</td></tr> </table>			Access			Permit			Date			#	«Num»		E	HD	chimp
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Owner Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ E-mail address: _____
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Which address should the APPLICATION be mailed to? Facility: \_\_\_\_\_ Owner: \_\_\_\_\_

Which address should the PERMIT be mailed to? Facility: \_\_\_\_\_ Owner: \_\_\_\_\_

Manager: \_\_\_\_\_ Business hours: \_\_\_\_\_

Has ownership changed within the past 12 months? YES NO Number of employees: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>ANNUAL FEES – MUST BE POSTMARKED BEFORE JANUARY 1, 2023 or a \$60 late fee will apply</b>	
<input type="checkbox"/> 1 thru 4 employees = \$60 per year	Amount submitted: _____ Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/>
<input type="checkbox"/> 5 thru 10 employees = \$80 per year	
<input type="checkbox"/> 11 or more employees = \$120 per year	