

Please remit required license fee and completed application to:  
**Marshall County Health Department**  
510 W Adams St. GL-30  
Plymouth, IN 46563



PERMIT / LICENSE

# \_\_\_\_\_

**APPLICATION FOR FOOD SERVICE ESTABLISHMENT PERMIT/LICENSE**

**20** \_\_\_\_\_

Annual (\$120.00) \_\_\_\_\_ Seasonal (\$60.00) \_\_\_\_\_

**DESCRIPTION OF FOOD SERVICE ESTABLISHMENT:**

Name of Establishment \_\_\_\_\_

Hours of Operations: \_\_\_\_\_

Establishment Address \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Emergency Contact for RECALLS Name: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**NATURE OF OPERATION:**

Catering Service: Yes \_\_\_\_\_ No \_\_\_\_\_ Mobile Establishment: Yes \_\_\_\_\_ No \_\_\_\_\_

Hours in Operation \_\_\_\_\_

**OWNERSHIP AND OPERATION OF FOOD SERVICE ESTABLISHMENT (CHECK ONE):**

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Name, Address, Phone of Officers, Partners or Individuals:

Telephone (s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: PLEASE READ BEFORE SIGNING:**

I/We agree to abide by all the provisions set forth in Ordinance #2006-10 of the County of Marshall, Indiana. I/We also agree to notify the Board of Health of any change in management, ownership, remodeling or purchase of equipment during the life of this permit. I/We understand that this permit is issued only to the person/persons making application and is not transferable.

Signed Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Signature \_\_\_\_\_

Date Issued \_\_\_\_\_ Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

**LICENSE EXPIRES DECEMBER 31<sup>ST</sup> AND MUST BE ANNUALLY RENEWED PRIOR TO DEC. 31<sup>ST</sup>.  
This is your reminder! NO NOTICE WILL BE SENT, it is your responsibility to renew your PERMIT.**

Applications are now available online at [www.marshallcountyhealth.com](http://www.marshallcountyhealth.com) and use permits/registrations to pay with credit card.