

# Pulaski County Health Department

Health Officer: Dr. Timothy R. Day



## DIVISION OF ENVIRONMENTAL HEALTH



HEREBY ISSUES A

### RETAIL FOOD ESTABLISHMENT

**PERMIT NUMBER:**

**CATEGORY:**

**BUSINESS:**

**ADDRESS:**

**CITY:**

**OWNER/OPERATOR:**

TO OPERATE A FOOD SERVICE OR FOOD STORE ESTABLISHMENT IN THE COUNTY OF PULASKI, STATE OF INDIANA, I MUST COMPLY WITH THE TERMS AND DEFINITIONS OF RETAIL FOOD ESTABLISHMENT ORDINANCE NO. 2006-1 AS AMENDED.

**EVENT DATE:**

**DATE EXPIRED:**

**PERMIT FEE PAID:** \$

### THIS PERMIT IS NON-TRANSFERABLE

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EDWINA L. GUFFEY  
ENVIRONMENTAL HEALTH SPECIALIST

NOT VALID WITHOUT SEAL AND STAMP

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