

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

EDWINA L. GUFFEY
ENVIRONMENTAL HEALTH SPECIALIST

NOT VALID WITHOUT SEAL AND STAMP