



Vermillion County Health Department

Prevent. Promote. Protect.

APPLICATION FOR OPERATING PERMIT FOR FOOD SERVICE ESTABLISHMENTS AND CATERERS

Establishment:

Name of Establishment: _____

Address: _____

City, State, Zip Code: _____

Establishment Phone: _____

Name of Manager: _____

Cell or Home Phone Number of Manager listed above _____

Email Address (for copy of inspections): _____

Owner's Information:

Owner's Name: _____

If LLC, please list owner's names(s): _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell: _____

Where would you like your application mailed to next year?

___ To Establishment listed above ___ To Owner listed above ___ Other (list below)

Name _____

Address _____

City, State, Zip Code: _____

You must have a Certified Food Handler on Staff! Proof must be available at the Establishment.

Fees for Permit:

_____ \$50.00 per year for Retail Food Permit

_____ \$50.00 per year for Mobile Food Permits (covers all events in Vermillion County)

_____ \$25.00 per event in Vermillion County (single event)

I attest to the accuracy of the information provided in this application. I will comply with this ordinance and allow the Vermillion County Health Department access to this establishment and all records or information pertinent to the inspection as specified in 410 IAC 7-15-15.5 and 410 IAC 7-24.

Signature _____ Date: _____ \$ _____

Amount Enclosed

Vermillion County Health Department

Paula J. Market M.D., Health Officer

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