



Morgan County Health Department
180 S. Main St., Ste. 252
Martinsville, IN 46151
765-342-6621

Office Use
Permit #: _____
Date: _____
Fee Paid: \$ _____
Staff Initials: _____

Application for Food Establishment Permit (F/T or P/T)

Risk Level 3 (\$300)

Establishment Name: _____

Establishment Address: _____

Phone: _____ Email: _____

Mailing Address: _____

Owner Name: _____

Owner's Address: _____

Owner's Phone: _____ Owner's Email: _____

Certified Food Protection Manager: _____

Expiration Date: _____

*****Provide a copy of the Food Protection Manager's Certificate**

Applicant Signature: _____ Date: _____