



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

Application for Waiver of Food Establishment Permit Fees Nonprofit Only

Name of Establishment: _____

Address of Establishment: _____

Current Permit Number: _____

Name of Representative: _____

Phone Number for Representative: _____

Email for Representative: _____

Please explain in the space below any reasons why you believe that your nonprofit establishment should be exempt from the food establishment fees. Please note: Per the Morgan County Retail Food Establishment Ordinance (2025-14), if you receive any payment, remuneration, or receive anything of value in exchange for the preparation or distribution of foodstuffs, cooked or uncooked, your establishment will not be considered to be eligible for this waiver.
