

Office Use: Permit #: _____ Date Issued: _____ Staff Initials: _____
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Morgan County Health Department
180 S. Main St., Ste. 252, Martinsville, IN 46151
765-342-6621

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

Your permit will not be issued unless the form is filled out correctly and in its entirety.

Establishment Name: _____

Establishment Address: _____

Phone: _____ E-mail: _____

Mailing Address: _____

Owner: _____

Owner's Address: _____

Owner's Phone: _____

Number of Employees: 1-5 _____ 6-9 _____ 10+ _____

Certified Food Handler's Name and Date of Expiration _____

Note: Include copy of food handler certificate.

If open only part of the year, list months of operation: _____

Permit Fee Paid: _____

As of January 1, 2005, the State of Indiana requires that at least one person per establishment, who oversees food safety operations, be a "Certified Food Handler" which means that a person in your food service establishment must pass an examination that meets the standards established by the Conference for Food Protection. Please bring or mail a copy of the person's certification for your establishment so that it may be included in our files.

Visit the ISDH website for any questions or an updated list of class providers at:
www.in.gov/isdh/regsvcs/foodprot/foodhandler/certificationrule.htm