



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)**

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

Number of Employees: 1-5 \_\_\_\_\_ 6-9 \_\_\_\_\_ 10+ \_\_\_\_\_

**Certified Food Protection Manager:** \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

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

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_