

YEAR _____

**APPLICATION FOR FOOD SERVICE
ESTABLISHMENT PERMIT/LICENSE**

PERMIT / LICENSE

TO OPERATE A FOOD SERVICE ESTABLISHMENT AS DEFINED IN RULE 410 IAC 7-24 AND UNDER HEALTH ORDINANCE 2006-10, SECTION TWO, MARSHALL COUNTY, INDIANA; **LICENSE EXPIRES DECEMBER 31ST**.

DESCRIPTION OF FOOD SERVICE ESTABLISHMENT:

Name of Establishment _____

Establishment Address _____ Telephone _____

Mailing Address _____ Fax _____

E-Mail Address _____

Emergency Contact for RECALLS Name: _____

Telephone _____ Fax _____

NATURE OF OPERATION:

Catering Service: Yes _____ No _____ Mobile Establishment: Yes _____ No _____

Hours in Operation _____

OWNERSHIP AND OPERATION OF FOOD SERVICE ESTABLISHMENT (CHECK ONE):

Corporation _____ Partnership _____ Individual _____

Name, Address, Phone of Officers, Partners or Individuals:

Telephone (s):

Name, Address of Owner of Premises:

Telephone (s):

Name, Address of Owner of Fixtures:

Telephone (s):

NOTE: PLEASE READ BEFORE SIGNING:

I/We agree to abide by all the provisions set forth in Ordinance #2006-10 of the County of Marshall, Indiana. I/We also agree to notify the Board of Health of any change in management, ownership, remodeling or purchase of equipment during the life of this permit. I/We understand that this permit is issued only to the person/persons making application and is not transferable.

Signed Signature _____ Title _____

Printed Signature _____

Please remit required license fee and completed application form to the Marshall County Health Department
112 West Jefferson Street
Plymouth, IN. 46563
(574)935-8565

Date Issued _____

Amount Paid _____

Cash _____ Check _____

LICENSE EXPIRES DECEMBER 31ST AND MUST BE ANNUALLY RENEWED PRIOR TO DEC. 31ST.