

Please remit required license fee and completed application to:
Marshall County Health Department
510 W Adams St. GL- 30
Plymouth, IN 46563



www.co.marshall.in.us
574-935-8565

PERMIT / LICENSE

APPLICATION FOR FOOD SERVICE ESTABLISHMENT PERMIT/LICENSE

DESCRIPTION OF FOOD SERVICE ESTABLISHMENT:

Name of Establishment _____

Hours of Operations: _____

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):

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 _____

Date Issued _____ Amount Paid _____ Cash _____ Check _____

**LICENSE EXPIRES DECEMBER 31ST AND MUST BE ANNUALLY RENEWED PRIOR TO DEC. 31ST.
This is your reminder! NO NOTICE WILL BE SENT, it is your responsibility to renew your PERMIT**

Applications are now available online at WWW.CO.MARSHALL.IN.US and use permits/registrations to pay with credit card.