

**Warrick County Health Department**  
**107 W. Locust St., Suite 204**  
**Boonville, IN 47601**  
 Phone: (812) 897-6105 (Ext.5)  
 Fax: (812) 897-6104

**Application for 2017 Food Permit: Permanent Establishment**

*All fields must be completed.*

<b>Business</b>	
Facility Name:	
Physical Address:	
Street	City State Zip
Mailing Address (if different):	
Street	City State Zip
Phone Number:	Fax Number:
Email Address:	
Certified Food Safety Employee(s):	
Manager / On-Site Supervisor:	
Business Hours:	Number of Employees:
Has ownership changed within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Business: <input type="checkbox"/> Permanent <input type="checkbox"/> Mobile / Temporary*	
<small>*This application is for permanent establishments only. Mobile / Temporary facilities need to obtain the proper application.</small>	
<b>Owner</b>	
Owner Name:	Phone Number:
Mailing Address:	
Street	City State Zip
Phone Number:	Fax Number:
Email Address:	
Which address should permit be mailed to? <input type="checkbox"/> Facility <input type="checkbox"/> Owner	

<b>Permit Fee Schedule:</b>	
Number of Employees	Permit Fee
1 Thru 5 <input type="checkbox"/>	\$75
6 Thru 25 <input type="checkbox"/>	\$100
26 Thru 50 <input type="checkbox"/>	\$125
51 or more <input type="checkbox"/>	\$150

Amount of Fee Submitted: \$\_\_\_\_\_ Method of Payment: Cash\_\_\_\_ Check\_\_\_\_ Money Order: \_\_\_\_\_

**\*A late fee of \$50 will be charged for applications received after the deadline of February 28 for renewal.\***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

For office use only: Permit # \_\_\_\_\_