

Pulaski County Health Department

125 South Riverside Drive, Suite 205
Winamac, IN 46996
574 946-6080

APPLICATION FOR FOOD SERVICE PERMIT

ANNUAL _____ TEMPORARY _____

Establishment Name:

Establishment Physical Location:

Mailing Address:

Telephone/Establishment:

Ownership:

Address:

Telephone/Owner

email address:

On-site Manager:

phone number:

Type of Establishment:

List of foods to be served:

Hours of Operation:

Mobile Unit?

Off-site catering?

Water Supply:

Public

Private

Fee: ANNUAL Cost \$75.00 TEMPORARY COST \$20.00

Additional information: It shall be unlawful for any person to operate a food service establishment, retail food store, and/or mobile food unit in Pulaski County, State of Indiana, who does not possess a valid permit from the Health Officer, pursuant to Pulaski County Ordinances.

Signature _____

PRINT NAME _____