

SULLIVAN COUNTY

HEALTH DEPARTMENT

27 South Main Street
Sullivan, IN 47882

Telephone (812) 268-0224
Fax (812) 268-0423

APPLICATION FOR RETAIL/MOBILE FOOD PERMIT

The Undersigned makes Application to Operate a Retail Food Establishment from the day of January 1, 2021 to December 31, 2021.

Business Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Business Hours: _____ Retail: Mobile:

Mailing Information

Name(s): _____

Address: _____

City, State, Zip: _____

Owner Information

Name(s): _____ Phone: _____

Manager Information

Name(s): _____ Phone: _____

Please check ONLY ONE type of permit.

____ Yearly (\$100.00 fee) ____ Non-Profit (No Charge) Tax I.D. #: _____

Certified Food Manager Employee (PLEASE ATTACH A COPY OF DOCUMENT ALONG WITH PHOTO ID)

Name: _____ Expiration: _____

**Fees are payable to the Sullivan County Health Department. No personal checks are accepted.
Business checks, money order, or cash ONLY.**

Signed: _____ Date: _____

FOR OFFICE USE: DATE PAID _____ AMOUNT RECEIVED _____