

# 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

**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 \_\_\_\_\_**

Updated 11/2021