

FAYETTE COUNTY HEALTH DEPARTMENT

Application For

Retail Food Establishment Permits

This form must be filled out completely and signed BEFORE a permit can be issued

Establishment Name: _____

Establishment Address: _____

City: _____ Zip Code _____

Phone: _____ Fax#: _____

Size of interior of food Retail (square footage): _____

Hours of operation: _____

Owner/Manager: _____

Retail Food establishment fee schedule based on square footage of interior of the food establishment.

0 - 3000 square foot \$60.00

3001- 8000 square foot \$100.00

8001- square foot and over \$150.00

Enclosed fee: \$ _____ ALL PERMITS FEES ARE

PAYABLE TO:

Fayette County Health Department

401 Central Ave.

Connorsville, In. 47331

Applicant's Signature: _____

Date _____