HANCOCK COUNTY HEALTH DEPARTMENT

111 SOUTH AMERICAN LEGION PLACE, GREENFIELD IN 46140
PHONE: 477-1125; 1127 WEBPAGE: WWW.HANCOCKCOINGOV.ORG

Application for New Restaurant/Market or New Ownership

Name of Establishment:_____

Address: _____
Street City State Zip Code

Establishment Telephone Number: _____Fax:_____

E-mail or Fax for permit renewal

_____
Name E-mail Address / Fax

Email or Fax for Recall information if different than above:

_____
Name Email Address / Fax

Certified Food Handler if Applicable_____

Store Manager: _____
Name Phone Number(s)/and/or email

Owner(s) Name: _____

Address: _____
Street City State Zip Code Phone

Target Date for Opening or New Ownership: _____

Hours of Operation: Mon: _____Tues_____Wed_____
Thurs_____Fri_____Sat_____
Sun_____

Please pay your fee based on the number of employees working at your facility:

Number of Employees: _____	$ 75.00	1-5 employees
	$ 150.00	6-25 employees
	$ 300.00	over 25 employees

Please make checks payable to the Hancock County Health Department
******Please include a floor plan and menu with your application.**

_____ _____**Date:**_____
Printed Name of Applicant **Signature of Applicant**

Office Use Only
Permit # _____ Date Received: _____
Date Issued:_____ Check Number: _____