



FOUNTAIN & WARREN HEALTH DEPARTMENT

PREVENT • PROMOTE • PROTECT

Food Application

Please complete this form and submit with the appropriate permit fee.

Date of Application _____

_____ More than 6 months (\$50.00) _____ Less than 6 months (\$25.00)

Establishment Name _____

Address _____

City _____ State _____ Zip _____

Owner Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Emergency Contact _____ Phone _____

License Food Handler Certificate Required _____ Yes _____ No

(If yes, a copy of your certificate must be on file with the Health Department)

Certificate # _____ Expiration _____

Check all goods that apply to your establishment:

_____ Raw Meat _____ Baked Goods _____ Reheated/Precooked _____ Prepackaged

Days and Hours of Operation:

_____ Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat

Seasonal/Mobile Event: _____ Location: _____ Date: _____

Signature _____

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