

Vanderburgh County Health Department

420 Mulberry Street
Evansville IN 47713-1231

(812) 435-5695 **Phone** (812) 435-5871 **Fax**

APPLICATION FOR 2016 FOOD PERMIT

Establishment Type: RESTAURANT/TAVERN/COMMISSARY/SEASONAL, ETC.

Note: All fields must be completed.

Facility Name: _____

Address: _____

City: _____ State: IN Zip: _____ Phone: _____ Fax: _____

.....
Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Email: _____

Which address should the PERMIT be mailed to: Facility: _____ Owner: _____

Which address should FUTURE APPLICATIONS be mailed to: Facility: _____ Owner: _____

Certified Food Safety Employee: _____

Manager Name: _____ **Business Hours:** _____

Has ownership changed within last 12 months (Y/N) _____ **# of Employees:** _____

Check appropriate boxes for: **RESTAURANT/TAVERN/COMMISSARY/SEASONAL, ETC.**

Number of Food Service Personnel		Fee	
1 thru 10	<input type="checkbox"/>	\$100.00	<input type="checkbox"/>
11 thru 25	<input type="checkbox"/>	\$150.00	<input type="checkbox"/>
26 thru 50	<input type="checkbox"/>	\$200.00	<input type="checkbox"/>
51 or more	<input type="checkbox"/>	\$250.00	<input type="checkbox"/>

Amount of Fee Submitted: \$ _____

Method of Payment: Cash _____ Check _____ Money Order _____ Credit Card _____

Cash or Card payments accepted in person at the Environmental Division, 3rd floor, VCHD.
Credit and debit card payments are assessed a convenience fee, minimum \$3.95 or 2.5% of pmt.
Picture ID is required and must match the name on card.

Note: A late fee of \$100.00 will be charged for all applications received after the deadline of March 1st for renewal or 30 days after the final approval for new facilities or change of ownership.

SIGNATURE: _____ **DATE:** _____