

**SCOTT COUNTY HEALTH DEPARTMENT
1296 N. GARDNER STREET**

**SCOTTSBURG, IN 47170
PHONE: (812)752-8455
FAX: (812)752-6023**

Application for 2018 Annual Food Permit

Date of Application: _____

STORE INFORMATION

Store Name & Number: _____

Store Manager: _____ Phone: _____

Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of Employees _____

CORPORATE BUSINESS OFFICE INFORMATION

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Owner or Contact Person: _____

Signature X _____ **Date:** _____

****THIS SECTION TO BE COMPLETED BY HEALTH DEPARTMENT PERSONNEL ONLY****

Permit # _____ Date _____ Receipt# _____