

HANCOCK COUNTY DEPARTMENT OF HEALTH  
111 AMERICAN LEGION PLACE  
GREENFIELD, INDIANA 46140

**Application for New Restaurant/Market**

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code

Establishment Telephone Number(s) \_\_\_\_\_

E-mail Contact: \_\_\_\_\_

Name E-mail Address

Certified Food Handler if Applicable \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name Phone Number(s)

Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code Phone

Name and Address of Building Owner if different than Owner: \_\_\_\_\_

Street City State Zip Code Phone

Target Date for Opening: \_\_\_\_\_

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: _____	\$ 50.00	1-5 employees
	\$ 100.00	6-25 employees
	\$ 200.00	over 25 employees

**Please make checks payable to the Hancock County Health Department**

**\*Please submit a set of plans with your application for review.**

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**PLEASE NOTIFY THE HANCOCK COUNTY HEALTH DEPARTMENT IF ANY CHANGES OCCUR CONCERNING THE ABOVE INFORMATION**

Office Use Only

Permit # \_\_\_\_\_

Date Issued \_\_\_\_\_