Hancock County Health Department
111 S American Legion Place, Greenfield IN 46140
Phone: 477-1125; 477-1127; 477-1128

Application for New Restaurant/Market or Change in Ownership

Name of Establishment:_____

Address:_____
Street City State Zip Code

Establishment Telephone Number(s)_____

Fax:_____

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 and menu 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_____