

# Fayette County Health Department

Application For

## Retail Food Store Permit

This form must be filled out completely and signed BEFORE a permit can be issued

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

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

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_

Size of interior of food Retail (square footage): \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Retail Food establishment fee schedule based on square footage of interior of the food establishment.

0 - 3000 square foot	\$50.00
3001- 8000 square foot	\$75.00
8001- square foot and over	\$100.00

Enclosed fee: \$ \_\_\_\_\_

ALL PERMITS FEES ARE PAYABLE TO:

Fayette County Health Department

401 N Central Avenue

Connersville, IN 47331

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_