



**DAVIESS COUNTY HEALTH DEPARTMENT**  
**303 East Hefron Street, Washington, Indiana 47501**  
**Phone: (812) 254-8666 Fax: (812) 254-8643**

<b><u>FEES</u></b>	
<b>Annual Retail:</b>	<b>\$75</b>
<b>Retail Late Fee:</b>	<b>\$75</b>
<i>(Received After Jan 10<sup>th</sup>)</i>	
<b>Retail After Jul 1<sup>st</sup>:</b>	<b>\$40</b>
<i>(New Permits ONLY)</i>	
<b>Annual Mobile:</b>	<b>\$50</b>
<b>Temporary:</b>	<b>\$35</b>
<b>Temp. Late Fee:</b>	<b>\$35</b>
<i>(Less than 1 week from start)</i>	
<b>Annual B &amp; B:</b>	<b>\$35</b>

**ESTABLISHMENT INFORMATION FORM**

**(Please Print or Type Clearly)**

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

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

Establishment Telephone #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Telephone #: \_\_\_\_\_

Owner's Fax Number: \_\_\_\_\_ (for Recall Notices/Emergency ONLY)

Owner's Email Address: \_\_\_\_\_ (for Recall Notices/Emergency ONLY)

Manager or Operator: \_\_\_\_\_

Most Responsible Person: \_\_\_\_\_

Certified Food Handler: \_\_\_\_\_

District Manager (If Applicable): \_\_\_\_\_

District Manager Mailing Address: \_\_\_\_\_

District Manager Telephone #: \_\_\_\_\_

Hours of Operation: Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Menu Items: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Note Below, Person Filling Out Form and Phone Number – In Case We Have Any Questions.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Any Questions Please Contact Geoff Stoner, Environmental Health Specialist at (812) 254-8674.**

*For Health Department Use Only:*

**Date Received:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Amt. Received:** \_\_\_\_\_ **Payment Type:** \_\_\_\_\_  
(Check Number)

**Establishment Number:** \_\_\_\_\_ **Permit Number:** \_\_\_\_\_ **Receipt Number:** \_\_\_\_\_