

**Ripley County Health Department
Environmental Division
P.O. Box 745, 102 W. 1st North St.
Versailles, IN 47042
Phone: (812) 689-5751 Fax: (812) 689-3909**

Your Food Establishment Permit is due by **January 5**. Fill out exactly as you wish it to appear on your permit. Attach a copy of your current certified food handler certificate and photo ID. If you do not have a current certified food handler or copy of certificate on file, you will not be issued a permit.

Permits are \$100.00. There is a \$50.00 late fee for permits obtained after January 5.

Thank you for your compliance. Have a great Year!

Food Establishment Permit Application

Year: _____

Name of Establishment: _____

Establishment
Physical Address: _____
Street City State Zip

Establishment
Mailing Address: _____
Street or P.O. Box City State Zip

Establishment
Phone: _____ Fax: _____ e-mail: _____

Name of Owner: _____

Corporate Office
Mailing Address: _____
Street or P.O. Box City State Zip

Corporate Office
Phone: _____ Fax: _____ e-mail: _____

Name of Certified Food Handler: _____ Date of exam _____

Method of Payment: _____ # _____ # _____
Cash Check # Money order #

By signing this you acknowledge that all information is correct:

Signature Date: _____

-----For Office Use-----

Receipt # _____ Date Received Payment _____