



HARRISON COUNTY HEALTH DEPARTMENT

FOOD PROTECTION

241 ATWOOD STREET, SUITE 200 – CORYDON, INDIANA 47112

PHONE 812-738-3237 – FAX 812-738-4292

WEBSITE: WWW.HARRISONCOUNTYHEALTH.COM

Office hours: Monday – Friday, 8:00 AM – 4:30 PM

APPLICATION FOR 2025 FOOD PERMIT RENEWAL

Please check information carefully and correct anything that is incorrect. All fields must be completed.

Facility Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ E-mail: _____ Certified Food Handler: _____ N/A <input type="checkbox"/> If N/A, why? _____ Type of certification: _____ Cert. Num: _____ Exp. Date: _____ <small>(ServSafe, Prometric, NRFSP, etc.)</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;"><i>For office use only</i></td></tr> <tr><td style="width: 50%;">Access</td><td style="width: 50%;"></td></tr> <tr><td>Permit</td><td></td></tr> <tr><td>Date</td><td></td></tr> <tr><td>#</td><td style="text-align: center;">«Num»</td></tr> <tr><td colspan="2">Email</td></tr> </table>	<i>For office use only</i>		Access		Permit		Date		#	«Num»	Email	
<i>For office use only</i>													
Access													
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Email													

Owner Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ E-mail: _____
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Which address should the Food Permit APPLICATION be mailed to? Facility: _____ Owner: _____

Which address should the FOOD PERMIT be mailed to? Facility: _____ Owner: _____

Manager: _____ Business hours: _____

Has ownership changed within the past 12 months? YES NO Number of employees: _____

Signature: _____ Date: _____

ANNUAL FEES (for the calendar year – January 1 thru December 31)	
<input type="checkbox"/> 1 thru 5 employees = \$60 per year <input type="checkbox"/> 6 thru 10 employees = \$80 per year <input type="checkbox"/> 11 or more employees = \$120 per year	Amount submitted: _____ Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> If paying by card, you must pay at our window.