

**Ripley County Health Department  
Environmental Division  
102 W. 1<sup>st</sup> North St., Suite 106  
P.O. Box 745  
Versailles, IN 47042  
Phone: (812) 689-5751 Fax: (812) 689-3909**

Your Food Establishment Permit is due by January 5. Please send this form with your payment. Fill out exactly as you wish it to appear on your permit. Attach a copy of your current certified food handlers certificate and photo ID. If you do not have a current certified food handler, you will not be issued a permit.  
Permits are \$65.00, there is a \$15.00 late fee for permits obtained after January 5.

Thank you for your compliance. Have a great Year!



**Food Establishment Permit Application**

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 #

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

Receipt # \_\_\_\_\_