

KNOX COUNTY HEALTH DEPARTMENT  
305 South 5<sup>th</sup> Street, Vincennes, Indiana 47591  
812-882-8080

ESTABLISHMENT INFORMATION FORM

(Please Print or Type Clearly)

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

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

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

Fax # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

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

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

Owner's Email Address: \_\_\_\_\_

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: \_\_\_\_\_

For any questions, please Contact Madeline Hatcher, Environmentalist at [mmoon@knoxcountyhealth.com](mailto:mmoon@knoxcountyhealth.com)

*For Health Department Use Only:*

Date Received: \_\_\_\_\_ Amt. Received: \_\_\_\_\_ Payment Type: \_\_\_\_\_

Est. Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_