

# Pike County Health Department

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## Board Members

Clint Shoultz, OD, Board Chairperson  
Kim Middleton, RN, Co-Chairperson  
Cindy Bailey, LSW  
Kelly Cook, RN  
Carl Benner

## Health Department Staff

Nathanial D, Grow MD, Health Officer  
Amy Gladish, RN, Public Health Nurse  
Natalie McGiffen, Administrative Assistant  
Pamela Cosby, Food Sanitarian  
Amanda Howald, General Sanitarian

## Retail Food Establishment Application

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Date: \_\_\_\_\_

Permit Year: \_\_\_\_\_

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

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

Phone # of Establishment: \_\_\_\_\_

Name(s) of Owner(s): \_\_\_\_\_

Address of Owner: \_\_\_\_\_

E-mail address of Owner: \_\_\_\_\_

Phone # of Owner: \_\_\_\_\_

Name(s) of Manager(s): \_\_\_\_\_

Certified Food Safety Certificate holder(s)\* & dates of expiration:

***\*Please submit copies of certificates of any employees who completed (re)certification during the past year.***

\_\_\_\_\_  
\_\_\_\_\_

Business Hours & Days of Operation: \_\_\_\_\_

\_\_\_\_\_

I have read, understood, & agree to comply with the rules and regulations established by the Pike County Board of Health Ordinance No. 2014-04 and Indiana Statute 410 IAC 7-24.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

### ***For Health Department Use Only:***

Date Received: \_\_\_\_\_

Amt. Received: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Rec. Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_