

Clay County Health Department

1214 E. National Ave. Suite #B110
Brazil, Indiana 47834
(812) 448-9021

Food Service Establishment Registration Record (No Permit Fee Required)

Business Name: _____

Owner's Name: _____

Manager's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) ____-_____

Type of Operation:

Full Service: _____

Cafeteria: _____

Fast Food: _____

Convenience: _____

School: _____

Produce: _____

Grocery: _____

Deli: _____

Tavern: _____

Snack Bar: _____

I hereby agree to comply with the Indiana State Department of Health Rule 410 IAC 7-24. Retail Food Establishment Sanitation Requirements.

Signature

Print Name

Date