

HENRY COUNTY HEALTH CENTER
Environmental Services

SEASONAL FOOD PERMIT APPLICATION
(Fee is \$40.00)

Facility Name _____ Phone _____

Mailing Address _____

Person in Charge _____

Months of Service _____ to _____

Seasonal Permits are those facilities that are not considered a permanent or temporary food operations. They cannot operate over a total of 60 days a year.

I certify that to the best of my knowledge the information contained on this form is correct. I assume all legal liability and assure no health hazards exist when serving food to the public.

Applicants Signature _____ Date _____

Office Use Only

Fee Paid: _____ Class Attended: _____

Permit Issued: _____ Inspection: YES NO