

New Food Establishment Information

When submitting your foodservice equipment plan and menu, please complete this form and return it to:

The Marion County Health Department

ATTN: Suzanne Mouser

Department of Food Safety

3840 N. Sherman Drive

Indianapolis, IN 46226

Or fax it to: (317) 221-3070

Questions? Phone (317) 221-2262

1. Establishment Name _____
2. Establishment Address _____
3. Owner _____
If corporation give the corporate name and the name of an officer of the corporation.
4. Owner's Address _____
5. Owner's Phone _____
6. What Type of Establishment?
Grocery _____
Restaurant _____
Bar _____
Catering _____
School _____
Other _____
7. Probable Construction Starting Date _____
8. Probable Opening Date _____
9. Liquor Served or Sold? _____
10. Architect on the Project? _____
11. New Building _____ Addition to Existing Building _____
Remodeling _____
12. Previous Use of Building _____
13. Building Permits? _____
14. New Exhaust Hood? _____
15. Building Type and Occupancy _____
16. Number of Persons (public) _____
17. Number of Persons Employed (max/shift) _____