



**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 \_\_\_\_\_

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Office Use Only

Fee Paid: \_\_\_\_\_ Class Attended: \_\_\_\_\_

Permit Issued: \_\_\_\_\_ Inspection: YES NO