

Jerome Prince
Mayor, City of Gary



Roland Walker, MD
Health Commissioner

Veronica Collins
Executive Director

City of Gary

Office use only
File # _____
Application date _____
Receipt # _____

Environmental Health Division
Application for Restaurant & Retail Food Operation

\$50.00

ArtHouse

(Type or Print Clearly)

Name of Establishment: _____

Phone: _____ Fax: _____ E-Mail: _____

Owner: _____

Owner Address: _____ City/State/Zip: _____

Owner Phone: _____ Mobile: _____ Fax: _____

Owner E-mail: _____

Type of Business: _____ Days & Hours of operation: _____

Name of certified Food Employee (if required): _____

(attach copy)

List employees and Health Card numbers (or attach copies)

List sources of foods (Vendor, address and phone)
