



**Eddie D. Melton**  
*Mayor, City of Gary*

**Dr. Janet Seabrook, MD, MBA**  
*Health Commissioner*

**CITY OF GARY**  
**HEALTH & HUMAN SERVICES**

**Ellis Dumas III**  
*Chief of Staff*

**Veronica Collins Ellis, MPA**  
*Executive Director*

Office use only  
File # \_\_\_\_\_  
Application date \_\_\_\_\_  
Receipt # \_\_\_\_\_

Environmental Health Division  
Application for Restaurant & Retail Food Operation  
**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)

\_\_\_\_\_

\_\_\_\_\_