

**Pike County Health Department  
19 N. Main Cross  
Bowling Green, MO 63334  
(573)324-2111; Fax (573)324-5517**

# Permit Application

To operate a Food Service Establishment in Pike County, Missouri

Name of Establishment: \_\_\_\_\_

Managers Name: \_\_\_\_\_

Establishment address: \_\_\_\_\_

City: \_\_\_\_\_ MO. Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Billing Office Name** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Ownership: \_\_\_ Individual \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Association

**Please make Check or Money order Payable To:  
Pike County Health Department  
Mail it with this application to our office.**

**Permits are valid from January 31 to January 31 of the following year.**

**Due date: 01/31/2009**