WABASH COUNTY HEALTH DEPARTMENT
89 West Hill Street
Wabash, IN 46992
Phone: 260-563-0661 ext. 1249
rmofield@wabashcounty.in.gov

INFORMATION SHEET

Please print or type

DATE: _____/_____/_____ BUSINESS NAME: _____

OWNER INFORMATION:

OWNER NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER HOME: (_____) _____ CELL: (_____) _____

E-MAIL ADDRESS: _____

BUSINESS INFORMATION:

LOCATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS: (_____)_____ FAX: (_____) _____

Prior to your occupancy, was this location a retail food establishment? Yes: _____ No: _____
If so, what was the name of the establishment? _____

MAILING ADDRESS: _____
(If different than above)

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____/_____/_____