DELAWARE COUNTY HEALTH DEPARTMENT No 11698

MUNCIE, INDIANA HEREBY ISSUES A

FOOD ESTABLISHMENT PERMIT

ESTABLISHMENT NO. _____18-00621 TO Sq. Ft. Fee Amount Type of Establishment: BANQUET/COMMUNITY KITCHEN 20000 \$100.00 NAME OF ESTABLISHMENT: MUNCIE DELAWARE SENIOR CENTER (765) 289-0844 LOCATION OF ESTABLISHMENT: 2517 W 8TH ST MUNCIE IN 47302 NAME OF OWNER: _____ MUNCIE DELAWARE SENIOR CENTER ADDRESS OF OWNER: 2517 W 8TH ST MUNCIE IN 47302 For the purpose of operating a Food Establishment in the County of Delaware according to the terms and definitions of the County Ordinance that governs such Establishments. REVOCATION OF PERMIT: permit may be revoked by the Health Officer upon the violation by the holder of any of the terms of the County Ordinance. TRANSFER OF PERMIT PROHIBITED: permit shall not be sold, assigned, loaned, or transferred. Date of Issue: Monday, November 18, 2024 EXPIRES DECEMBER 31, 20 ____25

INSPECTOR

Food Service Specialist