

FOOD MANAGER CLASS
ENROLLMENT FORM

Please Print

Establishment / Facility Name

ACTUAL Street Address for Establishment

City State Zip

↑ Address to MAIL Food Manager Card ↑

Establishment Phone #: _____

Reminder Contact #: _____

.....

1st Person Enrolled Class Date: _____

Full Name: _____

2nd Person Enrolled: Class Date: _____

Full Name: _____

3rd Person Enrolled: Class Date: _____

Full Name: _____

BELOW IS FOR OFFICE USE ONLY

Amount Due: \$50.00 x ____ = \$ _____

Check# _____ Cash Credit Card

Date Paid: _____ Rcpt. #: _____

Madison County Health Department
Environmental Services
P.O. Box 1208
Richmond, KY 40476-1208

FOOD
MANAGER
CERTIFICATION
COURSE



MADISON COUNTY
HEALTH DEPARTMENT

Environmental Services
216 Boggs Lane
P.O. Box 1208
Richmond, KY 40476-1208

PH: (859) 626-4249
FAX: (859) 626-4277

2018

