



FOOD LICENSE APPLICATION
JOHNSON COUNTY HEALTH DEPARTMENT
 86 W. Court St., Franklin, IN 46131 (317) 346-4365, Fax: (317) 736-5264
www.co.johnson.in.us

Date Paid	_____
Receipt #	_____
License #	_____
License Mailed	_____
Staff	_____

TODAY'S DATE: _____

***REQUIRED FIELDS; WILL NOT PROCESS LICENSE WITHOUT INFORMATION**

* Facility Name: _____ Phone: _____
 * Address City/St/Zip: _____
 Facility Operator/Manager: _____

* Owner Name: _____ Phone: _____
 * Address City/St/Zip: _____

Corporate Name if Applicable: _____ Phone: _____
 Address City/St/Zip: _____

ALL FOOD LICENSES EXPIRE ON DECEMBER 31ST OF EACH YEAR

IMPORTANT!! Future invoices, quarterly newsletters, emergency notifications etc. will be distributed by e-mail. It will be necessary to have an e-mail address that will be appropriate for these purposes. If you do not have an e-mail address, it will be the responsibility of the owner or corporate office to access our web-site or contact our office in order to obtain food license renewal information.

E-MAIL ADDRESS: _____

FACILITY STATUS: ___ New ___ Existing Service ___ New Owner ___ Mobile ___ Exempt (churches, schools, Gov't)

IF NEW FACILITY - EXPECTED OPENING DATE: _____

IF EXISTING SERVICE WITH NEW OWNER - START DATE: _____

FEE SCHEDULE INFORMATION (ALL PAYMENTS ARE FINAL AND NON-REFUNDABLE)

<u>Annual Fee (Full Year)</u>		<u>July 1st thru November 30th – Half Year</u>	
___ 5 OR FEWER EMPLOYEES	\$100. ⁰⁰	___ 5 OR FEWER EMPLOYEES	\$50. ⁰⁰
___ 6 – 14 EMPLOYEES	\$220. ⁰⁰	___ 6 – 14 EMPLOYEES	\$110. ⁰⁰
___ 15 OR MORE EMPLOYEES	\$300. ⁰⁰	___ 15 OR MORE EMPLOYEES	\$150. ⁰⁰

Ordinance #2004-15 Section 3 states that all food permit fees will be doubled if any activity which requires a permit takes place before the necessary permit is obtained

SIGNATURE _____
Owner/Manager

PAYMENT INFORMATION: Please make checks or money orders payable to Johnson County Health Department.

NAME ON ACCOUNT: _____

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____

EXPIRATION DATE: _____ V- CODE: _____ For credit card processing please call the office at 346-4365.

Please save a copy for your records & [click here to e-mail the completed form to The Johnson County Health Department.](#)