



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/civil/healthdepartment.htm

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

TODAY'S DATE: _____

FACILITY INFORMATION

Name: _____ Phone: _____

Address: _____

City/St/Zip _____

OWNER/ OPERATOR INFORMATION

Owner Name: _____ Phone: _____

Address: _____

City/St/Zip _____

Facility Operated By: _____

CORPORATE INFORMATION

Corporate Name: _____ Phone: _____

Address: _____ City/St/Zip _____

MAIL TO INFORMATION (Please circle one for invoice mailing & one for license mailing)

Mail Invoice To: Facility Owner Corporate

Mail License To: Facility Owner Corporate

FACILITY STATUS INFORMATION

____ New ____ Existing Service, New Owner ____ Mobile ____ Exempt (churches, schools, Gov't institutions)

EXPECTED OPENING DATE: _____

FEE SCHEDULE INFORMATION

FULL YEAR (December 1st thru June 30th) PARTIAL YEAR (July 1st thru November 30th)

____ 5 OR FEWER EMPLOYEES \$ 75.00 ____ 5 OR FEWER EMPLOYEES \$ 50.00

____ 6 – 14 EMPLOYEES \$175.00 ____ 6 – 14 EMPLOYEES \$ 87.50

____ 15 OR MORE EMPLOYEES \$250.00 ____ 15 OR MORE EMPLOYEES \$125.00

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 *Must be signed in ink by applicant* _____

Owner / Manager signature

PAYMENT INFORMATION

Please make checks or money orders payable to Johnson County Health Department

We now accept VISA / MASTER CARD as payments

NAME ON ACCOUNT: _____

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____

EXPIRATION DATE: _____ V- CODE: _____