



715 Green Road, Madison, IN 47250
 812 273-1942 812 273-1955 Fax
 John P. Hossler, M.D., Health Officer
 Tammy Monroe, Administrator

20 APPLICATION FOR FOOD ESTABLISHMENT LICENSE

BUSINESS INFORMATION

Business Name _____
 DBA Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Business Phone _____ Business Fax _____
 Business Email _____

OWNER'S / CORPORATION CONTACT INFORMATION
MUST BE DIFFERENT FROM ABOVE INFORMATION

Owner's/Corp. Name _____
 Owner's/Corp. mailing address _____
 City _____ State _____ Zip Code _____
 Owner's/Corp. Phone _____ Owner's/Corp. Fax _____
 Owner's/Corp. email contact _____

LOCAL EMERGENCY CONTACT FOR AFTER HOURS

Name _____
 Land Line number _____
 Cell phone number _____

CERTIFIED FOOD HANDLER INFORMATION

Name _____
 Expiration Date _____

PLEASE CHECK ONE OF THE FOLLOWING

Full Service Restaurant _____	Catering Service _____
Retail Grocery _____	Bed and Breakfast _____
Convenient Store _____	Mobile _____
Bar / Tavern _____	Other _____

PLEASE LIST HOURS OF OPERATION

Monday _____ Thursday _____ Sunday _____
 Tuesday _____ Friday _____
 Wednesday _____ Saturday _____

Continued on back side...Please complete both sides...Incomplete forms will be returned

Menu (may attach a copy)

Jefferson County Ordinance, 2016-01, requires the issuance of retail food establishment and/or Bed and Breakfast establishment licenses according to the maximum number of full and part time employees at any given time during the calendar year.

Jefferson County Ordinance, 2016-01, requires the issuance of Mobil Food Establishment license per mobile unit regardless the number of employees. The fee for temporary events will be waived for all Jefferson County licensed mobile units.

**RETAIL FOOD ESTABLISHMENT AND MOBILE UNITS LICENSE FEES
PLEASE SELECT ONE**

Any food business that operates over 15 days in a calendar year is considered a food establishment and must purchase a food establishment license

_____ 1 - 5 Employees	\$ 120.00	_____ 11 or more employees	\$ 280.00
_____ 6 - 10 Employees	\$ 200.00	_____ Mobile Unit	\$ 180.00

NO FEE FOR NON-PROFIT TAX EXEMPT ORGANIZATIONS THAT OPERATE LESS THAN 15 DAYS PER YEAR

I attest to the accuracy of the information provided in this application. I will comply with the Jefferson County Food Ordinance 2016-01 and allow the Jefferson County Health Department access to this establishment and all records or information pertinent to the inspection as specified in 410 IAC 7-15.5 and 410 IAC 7-24

* An employee is defined as anyone who works for the establishment in food/dining services (Owners, Servers, Cooks, Dishwashers, Bartenders, etc...)

Please make checks payable to : Jefferson County Health Department

Signature of Owner or Manager

Date

For office use only

License # _____ Cash or Check # _____ Date Recd _____ Receipt # _____