

APPLICATION FOR FOOD LICENSE

GRANT COUNTY HEALTH DEPARTMENT

401 South Adams Street

Marion, Indiana 46953

Phone: (765) 651-2401 ext. 3123 or 3111 Fax: (765) 651-2419

**A late fee of \$ 100.00 will be charged for all applications received after December 31st
Applications received by mail must be post marked on or before December 31st
Failure to comply before January 1st could result in closure**

Establishment Name: _____

Phone: _____

Establishment Address _____

Email _____

City: _____ State _____

Zip _____

Hours of Operation: _____

Catering Yes No

Water Supply: Public Private Well Sewage: Public Septic

Establishment Type: Restaurant Retail Tavern / Restaurant Market Bed & Breakfast Mobile Food Truck Vending

Name of Certified Food Handler (Only One) _____ Certificate issue date: _____

Owners Name: _____

Phone : _____

Owners Address : _____

Email: _____

City: _____

State _____ Zip Code _____

FEES

RESTAURANT/TAVERN

1-10 Employees	\$75.00
11-25 Employees	\$100.00
26+ Employees	\$150.00
Bed and Breakfast	\$35.00
Micro Markets	\$75.00
Vending Machines with potentially Hazardous Foods Per machine	\$5.00

OR

MARKET/RETAIL

Under 2000 sq ft	\$75.00
2001 – 10,000 sq ft	\$100.00
10,001 or more sq ft	\$150.00
Mobile Food Sales Truck	\$75.00

Number of Employees: _____

Square Footage: _____

(RESTAURANT / TAVERN ONLY)

(MARKET / RETAIL ONLY)

New Facility will be charged a one-time fee of \$60.00

Amount of Fee Submitted: _____
New Facility Late Fee Annual Fee

Total Of Fees Submitted _____

Payment Method: Cash _____ Check / Money Order# _____ Credit/Debit (MUST CALL!) _____

SIGNATURE: _____

DATE: _____

Self - addressed stamped envelope required