



Food License Application
Johnson County Health Department
95 South Drake Road
Franklin, IN 46131
(317) 346-4365 Fax: (317) 736-5264

jlashlee@co.johnson.in.us; or andrewmiller@co.johnson.in.us

Date Paid: _____
Receipt #: _____
LP#: _____
Lic. Mailed/Picked-up: _____
Staff: _____

Today's Date: _____

*State Tax Identification Number: _____

***Items with an asterisk are required when applicable. Attach a copy of your State Retail Merchants Certificate**

***Facility information**

☐ Facility Name: _____ Phone: _____

Facility Address: _____ City _____ St _____ Zip _____

Operator(s): _____

***Owner 1 information**

☐ Owner(s) Name: _____ Phone: _____

Address: _____ City _____ St _____ Zip _____

***Owner 2 information if applicable**

☐ Owner(s) Name: _____ Phone: _____

Address: _____ City _____ St _____ Zip _____

***Corporate if applicable**

☐ Corporate Name: _____ Phone: _____

Address: _____ City _____ St _____ Zip _____

Please indicate where all correspondence shall be mailed by checking only one (1) box by the appropriate selection.

Email address: _____

Is this a: ☐ New facility ☐ Facility with new owner ☐ Exempt facility (501c3)
(churches, schools, Gov't institutions)

*What is the expected opening date for business: _____

***Fee Schedule is based on number of employees (full & part-time, owners and family that may work at the facility)**

FULL YEAR (January 1st thru December 31 st)			PARTIAL YEAR (July 1st thru December 31 st)		
	5 or fewer	\$125.00		5 or fewer	\$ 62.50
	6 - 14	\$275.00		6 - 14	\$137.50
	15 or more	\$375.00		15 or more	\$187.50

NOTE: Ordinance #2010-06, Section 16-1-1-2; all food permit fees will be doubled if any activity which requires a permit takes place before the necessary permit is obtained.

***Must be signed by** _____

Owner / Manager or Authorized agent

Form of payment accepted: Credit / debit cards; business checks and money orders payable to Johnson County Health Department.

Inspector assigned: _____

inspections per year _____