



**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](mailto:jlashlee@co.johnson.in.us); or [andrewmiller@co.johnson.in.us](mailto: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 <sup>st</sup> )			PARTIAL YEAR (July 1st thru December 31 <sup>st</sup> )	
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 \_\_\_\_\_