



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

\_\_\_\_\_ (year) **APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE**

ESTABLISHMENT NAME/DBA: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MANAGER: \_\_\_\_\_

ESTABLISHMENT MAILING ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**AFTER HOURS EMERGENCY CONTACT INFORMATION**

*(Address and phone must be different from above listed information)*

OWNERS NAME(s): \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**NAME OF CERTIFIED FOOD HANDLER:** \_\_\_\_\_ **EXP DATE** \_\_\_\_\_

*(Expiration date must be filled out with mm/dd/yyyy)*

PLEASE CHECK ONE OF THE FOLLOWING:

- TYPE OF BUSINESS:
- FULL SERVICE RESTAURANT ( )
  - RETAIL GROCERY ( )
  - CONVENIENT STORE ( )
  - TAVERN ( )
  - CATERING SERVICE ( )
  - NON FOR PROFIT ORGANIZATION ( )
  - BED & BREAKFAST ( )
  - OTHER ( )

LIST HOURS OF OPERATION: MONDAY: \_\_\_\_\_ TUESDAY: \_\_\_\_\_

WEDNESDAY: \_\_\_\_\_ THURSDAY: \_\_\_\_\_ FRIDAY: \_\_\_\_\_

SATURDAY: \_\_\_\_\_ SUNDAY: \_\_\_\_\_

MENU (may attach a copy):

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**Jefferson County Ordinance, 2013-03 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.**

**Retail Food Establishment License Fees:**

1-5 EMPLOYEES: \$120.00  
6-10 EMPLOYEES: \$200.00  
11 OR MORE EMPLOYEES: \$280.00

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

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I attest to the accuracy of the information provided in this application. I will comply with Jefferson Co. Food Ordinance 2013-03 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.

NUMBER OF FULL TIME EMPLOYEES: \_\_\_\_\_

NUMBER OF PART-TIME EMPLOYEES: \_\_\_\_\_

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

\*A part-time employee is defined as anyone who works one (1) or more days per month.\*

DATE OF APPLICATION: \_\_\_\_\_ AMOUNT ENCLOSED: \_\_\_\_\_

SIGNATURE OF OWNER OR MANAGER: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

License # \_\_\_\_\_ Cash / Check# \_\_\_\_\_ Date Received \_\_\_\_\_ Receipt# \_\_\_\_\_