

APPLICATION FOR FOOD LICENSE

GRANT COUNTY HEALTH DEPARTMENT
401 South Adams Street
Marion, Indiana 46953
Phone: (765) 651-2401 ext. 111 or 123 Fax: (765) 651-2419

(Self-addressed stamped envelope required)

Note: A late fee of \$50.00 will be charged for all applications received past the deadline of December 31st
Application received by mail must be post marked on or before 31st day of December
After January 10th \$20.00 per day for operating without a permit will be added to the annual fee plus late fee.
A new facility will be charged a one-time fee of \$60.00.

ESTABLISHMENT INFORMATION

Establishments Name: _____ Phone: _____
Establishment Address: _____ Email: _____
City: _____ State: _____ Zip Code: _____
Hours of Operation: _____ Catering? : Yes No
Establishment Type: _____
ie: Restaurant, Retail, Tavern/Restaurant, Market, Bed & Breakfast, Mobile Food Sales Truck, All Vending
Water Supply: Public Private Well Sewage: Public Septic
Number of Employees: _____ Square Footage : _____
(RESTAURANT / TAVERN ONLY) ~OR~ (MARKET / RETAIL ONLY)
Name of one Certified Food Handler: _____ Certificate Date of Issue: _____

OWNER INFORMATION

Owners Name: _____ Phone: _____
Owners Address: _____ Email: _____
City: _____ State: _____ Zip Code: _____

FEE SCHEDULE

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

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 \$60.00

~OR~

Total Fees: _____

Amount of Fee Submitted: _____
New Facility Late Fee Other

Payment Method

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

SIGNATURE: _____

DATE: _____