

**JEFFERSON COUNTY HEALTH DEPARTMENT**

715 Green Road  
Madison, IN 47250  
Phone (812) 273-1942  
Fax (812) 273-1955

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**2011 APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE**

ESTABLISHMENT NAME/DBA: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
MANAGER: \_\_\_\_\_

ESTABLISHMENT MAILING ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**EMERGENCY CONTACT 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: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

License # \_\_\_\_\_ Check# \_\_\_\_\_ Date Issued \_\_\_\_\_ Receipt# \_\_\_\_\_

MENU (may attach a copy):

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**\*REMINDER\***

YOUR RETAIL FOOD ESTABLISHMENT LICENSE EXPIRES DECEMBER 31ST OF EACH YEAR. YOUR LICENSE MUST BE RENEWED BEFORE JANUARY 1ST OF THE FOLLOWING YEAR. A \$500.00 FINE MAY ACCUMULATE IF YOUR PERMIT HAS NOT BEEN RENEWED BEFORE JANUARY 1ST. THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR LOCATION. PLEASE SUBMIT THIS APPLICATION AND THE EMPLOYEE VERIFICATION FORM, WITH CHECK, CASH OR MONEY ORDER PAYABLE TO THE: JEFFERSON COUNTY HEALTH DEPARTMENT.

YOUR FEE WILL BE ESTABLISHED AS FOLLOWS:

- 1-5 EMPLOYEES: \$80.00
- 6-10 EMPLOYEES: \$160.00
- 11 OR MORE EMPLOYEES: \$240.00

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

I attest to the accuracy of the information provided in this application. I will comply with this ordinance 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.

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

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

2011 VERIFICATION OF EMPLOYEES

Jefferson County Ordinance, 2006-7 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.

ESTABLISHMENT: \_\_\_\_\_

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

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

I certify that the above information is accurate.

\_\_\_\_\_  
NAME AND TITLE

\_\_\_\_\_  
DATE

\* 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.\*