

YEAR _____ FOOD LICENSE APPLICATION

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

Failure to Complete this Application in its' ENTIRETY will Delay your Permit and Result in Possible Late Fees and result in Possible Closure.

Please ***type or print clearly in ink*** and return with check or money order for the correct amount of your fee. This application becomes a part of your permanent file.

The license fee is \$35.00 from January 1 through December 31, each year.

Today's Date: _____
Business Name of Trailer/Booth: _____
Name of Owner(s): _____
Address: _____
City & State: _____ Zip Code: _____
Telephone Number: _____
Email Address (if any): _____
Name of Certified Food Handler & Date of Expiration _____
Name of **ALL Events**: _____

Note: check the one that applies to your home facility: Commissary or Servicing area.

Water Supply

- Public
- Private (well)
- Bottled Water

Sewage Disposal

- Public
- Private (septic)

We need a copy of your most recent Water Test that was done by your County Health Department.

MENU OF ITEMS SERVED AT THIS EVENT:

Before your initial event you **MUST PURCHASE A FOOD LICENSE AT LEAST (10) TEN DAYS IN ADVANCE.** Failure to do so will result in a **\$50.00LATE FEE, PLUS YOUR ANNUAL \$35.00 FEE;** a total of **\$85.00.** *Any previous critical violations must be remedied prior to issuance of a new license.*

Signature: _____

Date: _____

NOTE: If Mailing, send with a self-addressed stamped envelope.