

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: _____

Grant County Health Department

401 S. Adams St.
Marion, Indiana 46953
Telephone (765) 651-2401
Fax (765) 651-2419

INFECTION CONTROL

Per 410 IAC-7-24-120 The owner or operator of retail food establishment shall require food employee to report to the person-in-charge information about their health and activities as they relate to diseases that are transmissible through food. A food employee or applicant shall report the information in a manner that allows the person-in-charge to prevent the likelihood of foodborne disease transmission, including the date of the onset of jaundice or of an illness specifically:

If food employee or applicant is diagnosed with illness due to:

- 1) Salmonella
- 2) Shigella
- 3) Shiga toxin-producing Escherichia coli
- 4) Hep A virus
- 5) Norovirus

Has a symptom caused by illness, infection or other source that is:

- 1) Diarrhea
- 2) Fever
- 3) Vomiting
- 4) Jaundice or
- 5) Sore throat with fever

Infectious control starts with education and training so train, train and retrain. Enforce hand washing often.

Sick employee policy must be posted in establishment with proper information and make sure employees are aware of it.

To whom it may concern:

The Grant County Health Department would like to be electronic/digital within the next few years and in order to do this we need persons responsible for **licensing** to put their email on application and it must be legible, readable or it will be returned.

We also ask for an alternative email/phone number in the event person submitting is no longer with company.

This will help element certain late fees.

GRANT COUNTY HEALTH DEPARTMENT
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953