715 Green Road, Madison, IN 47250
812 273-1942 812 273-1955 Fax
Susan G. Stack, M.D., Health Officer
Lindsey Wyne, Administrator

2026 APPLICATION FOR FOOD ESTABLISHMENT LICENSE

BUSINESS INFORMATION

Business Name _____
DBA Name _____
Address _____
City _____ State _____ Zip Code _____
Business Phone _____ Business Fax _____
Business Email _____

OWNER'S / CORPORATION CONTACT INFORMATION

MUST BE DIFFERENT FROM ABOVE INFORMATION

Owner's/Corp. Name _____
Owner's/Corp. mailing address _____
City _____ State _____ Zip Code _____
Owner's/Corp. Phone _____ Owner's/Corp. Fax _____
Owner's/Corp. email contact _____

LOCAL EMERGENCY CONTACT FOR AFTER HOURS

Name _____
Land Line number _____
Cell phone number _____

CERTIFIED FOOD HANDLER INFORMATION

Name _____
Expiration Date _____

PLEASE CHECK ONE OF THE FOLLOWING

Full Service Restaurant _____ Catering Service _____
Retail Grocery _____ Bed and Breakfast _____
Convenient Store _____ Other _____
Bar / Tavern _____

PLEASE LIST HOURS OF OPERATION

Monday _____ Thursday _____ Sunday _____
Tuesday _____ Friday _____
Wednesday _____ Saturday _____

Continued on back side…Please complete both sides…Incomplete forms will be returned

Menu (may attach a copy) _____

_____

_____

_____

Jefferson County Ordinance, 2016-01, 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 give time during the calendar year.

RETAIL FOOD ESTABLISHMENT LICENSE FEES
PLEASE SELECT ONE

Any food business that operates over 15 days in a calendar year is considered a food establishment and must purchase a food establishment license

_____ 1 - 5 Employees $ 200.00

_____ 6 - 10 Employees $ 250.00

_____ 11 or more employees $ 350.00

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 the Jefferson County Food Ordinance 2016-01 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 7-26

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

Please make checks payable to : Jefferson County Health Department

_____ _____

Signature of Owner or Manager Date

For office use only

License # _____ Cash or Check # _____ Date Recd _____ Receipt # _____