Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*LOC ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

LP#: \_\_\_\_\_\_\_\_\_\_\_\_\_

Lic. Mailed/Picked-up: \_\_\_\_\_\_\_\_\_\_

Staff: \_\_\_\_\_\_\_\_\_\_\_

**\*Items with an asterisk are required. Attach a copy of your Registered Retail Merchants Certificate**

**\**Facility information***

□ Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Operator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\**Owner 1 information***

□ Owner(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_St\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

***\*Owner 2 information if applicable***

□ Owner(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_St\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

**\**Corporate if applicable***

□ Corporate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_St\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Please indicate where all correspondence shall be mailed by checking only one (1) box by the appropriate selection.

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a: □ New facility □ Facility with new owner □ Exempt facility (501c3) (churches, schools, Gov’t institutions)

\*What is the expected opening date for business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Fee Schedule is based on number of employees (full & part-time, owners and family that may work at the facility)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FULL YEAR (January1st thru December 31st) | |  | PARTIAL YEAR (July 1st thru December 31st) | |
|  | 5 or fewer $125.00 |  | 5 or fewer $ 62.50 |
|  | 6 - 14 $275.00 |  | 6 - 14 $137.50 |
|  | 15 or more $375.00 |  | 15 or more $187.50 |

**NOTE:** Ordinance #2010-06, Section 16-1-1-2;all food permit fees will be doubled if any activity which requires a permit takes place before the necessary permit is obtained.

**\*Must be signed by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Owner / Manager or Authorized agent*

Form of payment accepted: Credit / debit cards; business checks and money orders payable to Johnson County Health Department.

Inspector assigned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ inspections per year\_\_\_\_\_\_\_\_\_

P:\FOOD PROGRAM\Forms\New Food License Application.docx 1/13/2023