Madison County Health Department
Madison County Government Center Annex
206 East 9th Street, Suite 200
Anderson, IN 46016 – Phone 641-9523

Permit Application (Restaurants)
Please type or print clearly and complete blank

Establishment Name: _____
Est. Address: _____
Street City State Zip
Est. Mailing Address: _____
Street City State Zip
Establishment Phone Number: (____) _____E-mail_____
Manager's Name: _____
Owner and/or corporate office of business: _____
Owner's Address: _____
_____Phone Number: (____) _____
Building Owners Name & Address: _____
_____Phone Number: (____) _____
Type of Facilities: Restaurant ____Bar/Lounge ____ Cafeteria____ Catering ____Snack Bar ____
Est. Certified Food Handler _____
Type of Menu: Full /Extensive ____ Full Limited ____ Pre-Package ____
Expiration date of Liquor License: _____
Days and Hours of Operation: _____

Schedule of Fees
Number of Employees
1 - 5 = $40.00
6 - 10 = $60.00
11 - 25 = $80.00
26 or more = $100.00
Using full-time equivalence
(Total # hours worked – 40 =
Number of employees)

List total number of employees
_____Amount _____

Please enclose a check or money order for total permit fee and a self addressed, stamped envelope for mailing of permits.

XXXXXXXXXXXXXXXXXXXXXXFOR OFFICE USE ONLY XXXXXXXXXXXXXXXXXXXXX
Approved by: _____ File Number _____
Date Permit Issued _____ Permit Number _____