

Secondary Operator's License

Inside an Existing Facility

Submit the Following Documents for Review:

- ☐ Secondary Operator's License Application Form
- ☐ Copy of Registered Retail Merchant Certificate
- ☐ Proposed menu and food vendors
- ☐ Standard operating procedures (thawing, cooking, cooling, reheating, storage, sanitizing, catering, etc.)

Business Information

1. Name of Business _____
2. Existing Establishment Address _____
3. License # of Existing Establishment: _____
4. Owner's Full Mailing Address _____

Owner's Phone: _____ Email: _____

Operational Information

5. Days/Hours of Operation _____

NOTE: Days/hours of operation should not conflict with the already existing and licensed business.

6. Where do you intend to sell your food items _____

7. Use this area to provide any additional information regarding your operation (optional):

If you need assistance or have questions about this application, please contact Katie Davis at kdavis@marionhealth.org.

Printed Name of Applicant

Signature of Applicant

Date