

## **Marion County Public Health Department**

## A DIVISION OF THE HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY

## HEREBY ISSUES THIS LICENSE FOR A

**CATERER** 

LIC. FEE	\$432.00
PRO. RATE	\$0.00
LATE FEE	\$0.00
NEW LIC. FEE	\$0.00
TRANS. FEE	\$0.00
TOTAL FEE	\$432.00

**TO:** NAMELESS CATERING

NAMELESS CATERING C/O JEREMY BROWN

115 N PARK AVE

INDIANAPOLIS, IN 46202

**Expiration Date** 

**LICENSE NO: 207439** 

IN ACCORDANCE WITH THE CODE, CHAPTER \*\* EIGHT \*\*, OF THE HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY, INDIANA.

REVOCATION OF LICENSE: Any license may be revoked by the Health Officer upon the violation by the holder of any of the terms of the above mentioned Ordinance.

TRANSFER OF LICENSE PROHIBITED: No license shall be sold, assigned, loaned or transferred.

02/28/2021 2/12/2020

Date Issued

Virginia Caine, M.D. Director

Marion County Public Health Department

NOTICE: The licensed premises are subject to sanitary inspection by Marion County Public Health Department. LICENSE FEE IS NON-REFUNDABLE



**Receipt of PAID Food License** 

**Expiration Date: 2/28/2021** 

**LICENSE NO: 207439** 

LIC. FEE	\$432.00
PRO. RATE	\$0.00
LATE FEE	\$0.00
NEW LIC. FEE	\$0.00
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