



HEALTH PERMIT APPLICATION

I (we) hereby apply for a permit to operate a _____

At _____ in conformity with local and state regulations.

List Individual, firm, corporation or partnership with complete names:

Name: _____ Phone: _____
 Name: _____ Firm: _____

Signature of Owner/Operator: _____

I certify that I have inspected the premises, equipment, and operations of the above listed facility on the following date and have ascertained that the applicant has the facilities to comply with local and state regulations, and is hereby granted a permit to operate said facility for a period not to exceed one year, unless otherwise revoked for violation(s) of local and state regulations. Permit is not transferable and shall be terminated immediately if holder moves from the above address.

_____/_____/_____
 Date of Inspection

New Renewal

 Account No.

_____/_____/_____
 Expiration Date

 Signature of Inspector

Fee Chart

Bed and Breakfast	\$50.00
Day Care	\$100.00
Food Manufacturing	\$350.00
Food Sales (per dept.)	\$50.00
Health Care	\$75.00
Lodging	\$150.00
Night Club	\$150.00
Nursing Home	\$150.00
Roadside Vendor	\$100.00
Swimming Pool	\$100.00
Temporary (charitable event)	\$10.00
Temporary (less than 14 days)	\$75.00

Food Service

5 or less employees	\$50.00
6 to 10 employees	\$75.00
11 to 20 employees	\$100.00
21 to 30 employees	\$125.00
31 to 40 employees	\$150.00
41 to 50 employees	\$150.00
more than 51 employees	\$200.00

Effective 10-01-2005