

## St. Joseph County Health Department

### Per 410 IAC 7-24 Prerequisite for Operation of Food Establishment

#### PLEASE PRINT

Permit Number:	_ Y	Year Application Valid: 20		
Establishment Name:				
Establishment Address:				
City:	State: <u>IN</u> Zip:			
Establishment Phone Number: ()		_Fax:()		
Establishment's E-Mail Address:				
Owner/Operator:				
Days of Operation:(Example Mon-Fri)	Нош	Hours of Operations(Example 8am-5pm)		
Public Water: Yes No Public Sewage: Y	′es			
Square Footage of Establishment	_ Number of employee	s		
Type of Business/Ownership:  Individual Partr	nership Corporation	Members		
Owner(s)/ Corporation Name:				
Owner(s)/ Corporation Address:				
City:	State:	<u>Zip</u> :		
Corporation Telephone Number:		(Fax):		
Permit Type (check one):	Or Retail Food S	tore Permit		
Person receiving permit(s) (please print)	Signature of	of person receiving permit(s)		
Type or Print Name (Owner/Manager)	Signature	(Owner/Manager)		
	Office Use			
Employee:	New Permit	Permit Fee: \$		
Paid:	Renewal Permit	Adm. Fee: \$		
Transaction #:	Transaction #:Interim Permit/Expires			
		Total Fees: \$		

# The following fee schedule as established by the St. Joseph County Board of Health and hereby approved by the Board of Commissioners of St. Joseph County.

#### Resolution R-10-C-2014

#### **Annual Food Service/Store Establishment**

Amount of Fee	Sales Not LESS Than	Sales Not MORE Than
Permit Fees	Gross Sales from	to
*\$75.00	\$0.00	\$49,999.99
\$100.00	\$50,000.00	\$149,999.99
\$125.00	\$150,000.00	\$249,999.99
\$150.00	\$250,000.00	\$499,999.99
\$200.00	\$500,000.00	\$749,999.99
\$250.00	\$750,000.00	\$999,999.99
\$300.00	\$1,000,000.00	\$1,249,999.99
\$325.00	\$1,250,000.00	\$1,499,999.99
\$375.00	Over	\$1,500,000.00

#### The Total Gross Sales of food, including alcohol.

#### **Note:**

- **☀** Fees collected after January 31<sup>st</sup> will incur a 75% Late Fee.
- > Fees for renewal of permits not accepted until the first business day in January.
- > No fees accepted after 4:00 p.m.
- > Types of Payment Accepted:
  - o Cash
  - o Cashiers Check
  - o Money Order
  - o Business Check
  - o Visa/Master Card-Our office cannot accept credit card payments over the telephone.

## St. Joseph County Health Department

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