

JEFFERSON COUNTY HEALTH DEPARTMENT
P.O. Box 437, Hillsboro, Mo 63050 * (636) 789-3372
Food Service License Application

Temporary Permanent

Application is hereby made for a permit to operate. By this application it is agreed that the establishment will comply with the provisions of the 1999 Food Service Sanitation Order as adopted by Jefferson County, Missouri. It is further agreed that said establishment shall be open to inspection by authorized agents of the Jefferson County Health Center.

Please Type or Print Legibly

For Official Use Only

Establishment Number _____ Permit Number _____

Date Issued _____ Date Expired _____ Date Closed _____

Sanitarian Number _____ Applicant Name _____

Establishment Name _____

Street & Number _____

City _____ Zip _____ Phone () _____

Corporate Name _____
[or mailing address]

Street & Number _____

City _____ Zip _____ Phone () _____

Owners Name _____

Street & Number _____

City _____ Zip _____ Phone () _____

Site Location _____ City _____

Person In Charge _____ Phone Number () _____

Menu items _____

Signature of Applicant _____

COST REIMBURSEMENT CHARGES

<u>ESTABLISHMENT -Type/Size</u>	<u>Cost</u>
___ Seats 15 or less	\$50.00
___ Seats 16-50	\$60.00
___ Seats 51-100	\$75.00
___ Seats over 100	\$100.00
___ Convenience store without deli	\$60.00
___ Convenience store with deli	\$75.00
___ Grocery store without deli	\$75.00
___ Grocery store with deli	\$100.00
___ Temporary Food Service	\$10.00
___ Mobile Food Unit	\$25.00
___ Day Care - Home	\$10.00
___ Day Care - Center (more than 10 children)	\$25.00
___ Day Care - Religious	NO CHARGE
___ Pre School (more than 10 children)	\$25.00
___ Food Pantries Soup Kitchen	NO CHARGE
___ Potentially hazardous food vending machines	Each Machine 10.00
	Or Operation 50.00
___ Warehouse, Processing, Manufacture and Distribution Centers Operations	50.00
___ Schools, Hospitals, Nursing Homes, Religious, Charitable and Other Not for Profit Institutions that do not operate primarily to serve food to the public.	NO CHARGE

Total Cost _____

Cash
 Check
 Money Order

**See Reverse Side for Cost Schedule