



### St. Joseph County Health Department

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

PLEASE PRINT

Permit Number: \_\_\_\_\_ Year Application Valid: 20\_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

City: \_\_\_\_\_ State: IN Zip: \_\_\_\_\_

Establishment Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

Owner's E-Mail Address: \_\_\_\_\_ Position: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

Days of Operation: \_\_\_\_\_ Hours of Operations \_\_\_\_\_

Public Water: (please circle) Yes No    Public Sewage: (please circle) Yes No

Type of Business/Ownership (Circle that which applies): Individual Partnership Corporation LLC Members

Owner(s)/ Corporation Name: \_\_\_\_\_

Owner(s)/ Corporation Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Corporation Telephone Number: \_\_\_\_\_ (Fax): \_\_\_\_\_

Permit Type (check one):     Food Service Permit **Or**     Retail Food Store Permit

Amount of Permit: \_\_\_\_\_

\_\_\_\_\_  
Person receiving permit(s) (please print)

\_\_\_\_\_  
Signature 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 #: _____	_____ Interim Permit	Late Fee: \$ _____
	(Expires): _____	Total Fees: \$ _____

**Fee Schedule located on the back of the application. Please read carefully.**

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-C-6-05**

**Annual Food Service/Store Establishment**

<b>Amount of Fee</b>	<b>Sales Not LESS Than</b>	<b>Sales Not MORE Than</b>
<b>Permit Fees</b>	<b>Gross Sales from</b>	<b>to</b>
\$50.00	\$0.00	\$49,999.99
\$100.00	\$50,000.00	\$249,999.99
\$125.00	\$250,000.00	\$499,999.99
\$175.00	\$500,000.00	\$749,999.99
\$225.00	\$750,000.00	\$999,999.99
\$275.00	\$1,000,000.00	\$1,249,999.99
\$300.00	\$1,250,000.00	\$1,499,999.99
\$325.00	\$1,500,000.00	\$ and up

**\*The Total Gross Sales of food, including alcohol.**

**Note:**

***\* Fees collected after January 31<sup>st</sup> will incur a 50% Late Fee.***

- **The Health Department cannot accept any fees for renewal of permits until the first working day in January.**
- **The Health Department does not accept fees after 4:00 p.m.**
- **Types of Payment Accepted:**
  - **Cash**
  - **Cashiers Check**
  - **Money Order**
  - **Business Check**
  - **Visa/Master Card-Our office cannot accept credit card payments over the telephone.**

**St. Joseph County Health Department**  
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