

Permit # \_\_\_\_\_

Priority: H M L



**APPLICATION FOR FOOD ESTABLISHMENT PERMIT**

According to the applicable codes and ordinances:

1. No person shall operate a food establishment that does not have a current and valid permit issued to him/her by the Administrator/Agent of this Department.
2. Establishments must comply with the requirements of the Lawrence County Health Department Food Ordinance to receive or retain such a permit.
3. **A Permit Fee of \$100.00** must be submitted with this application.

This application is for (check all that applies):

- Existing facility                       New owner of existing facility                       New facility (**contact city officials pertaining to city codes**)

**Water Source:**     City     Private Well    **Waste Water:**     City sewer     Private septic

Does or will your establishment have soft serve ice cream?  Yes     No    If so, have you obtained a frozen dessert license?     Yes     No

Days of operation: S M T W T F S (circle days open)                      Hours of operation: From \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

**FOOD ESTABLISHMENT INFORMATION**

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

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

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_

**OWNER INFORMATION**

Owner/Corporation: \_\_\_\_\_

If Corporation, Please List CEO: \_\_\_\_\_

Mailing Address/Billing Address: \_\_\_\_\_

\*Food permit renewal notices will be sent to owner/corporation address listed above unless instructed otherwise

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME OF APPLICANT:** \_\_\_\_\_

**Please return application to:**

Lawrence County Health Department  
105 W. North Street ~ Mt. Vernon, MO 65712 ~ 417-466-2201

(HEALTH OFFICIAL) DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_

AMOUNT RECEIVED: \_\_\_\_\_ CASH / CHECK / CARD