

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 (circle 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

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