

Laclede County Health Department

405 Harwood Avenue, Lebanon MO 65536

Phone: 417-532-3477 or 417-532-2134 / Fax: 417-532-1470

www.lacledecountyhealth.com



Renewal Application for Food Establishment Permit

(Please type or print)

Establishment Name: _____

Physical Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Fees are Payable to: **Laclede County Health Department**

| | | |
|---------------------|---------------------------------------|----------|
| Establishment Fees: | High Priority----- | \$150.00 |
| | Medium Priority----- | \$100.00 |
| | Low Priority----- | \$50.00 |
| | School Cafeteria----- | \$0.00 |
| | Non-Profit/Charitable Fundraiser----- | \$0.00 |
| | Temporary Food Establishment--- | |
| | Per Event----- | \$25.00 |
| | Annual----- | \$50.00 |
| | Violation Corrections----- | \$ |

For Laclede County Health Department Use Only

Establishment # _____

Issue Date: _____

Expiration Date: _____

Notes: _____