

## **Health Permit / Seasonal Health Permit Application**

According to the Saint Louis County Food Code Ordinance Number 22,744:

- 1. No person shall operate a restaurant who does not have a current and valid permit issued to them by the Director of the Department of Public Health.
- 2. Only a person who complies with the requirements of this Code shall be entitled to receive and retain such a permit.
- 3. A restaurant is defined by ordinance as any eating and/or drinking establishment.

Today's Date:	, -				
<b>Direct all business correspondence</b> ☐ Facility Address ☐ Owner Addr					
Facility Information: Facility Name:					
Facility Address:	City:		State:	ZIP:	
Phone:		Fax:			
Email:					
Owner Information:  Owner(s) (check one):  An Individual  Owners Name:					
Owners Address:			State:	ZIP:	
Phone:					
Email:					
This application is for (check one):  \[ \subseteq \text{ A new construction} \]  \[ \subseteq \text{ A new owner of an existing food for } \]					
Is the entire facility a smoke-free facilit	y? □ Yes □ No	Required:	proposed menu att	ached? 🗆 Yes 🗀 N	No
Fee Schedule (Fees are non-refundale This application is for (check one):  ☐ \$130 – original permit fee for a new ☐ \$75 – Seasonal Food Establishmen	v business or a new ov		ar)		
	ot be processed withous at (314) 615-8900 f			d fee.	
Health Permits Are Not Transferabl Make check payable to: Saint Louis C Mailing address: 6121 North H					
Signature of Applicant:			Date:		_
Printed Name of Applicant:					