



APPLICATION FOR HEALTH PERMIT/SEASONAL HEALTH PERMIT

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 permits issued to them by the Director of this Department.
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 _____

DIRECT ALL BUSINESS CORRESPONDENCE TO (CHECK ONE):

FACILITY ADDRESS OWNER ADDRESS

FACILITY INFORMATION

FACILITY NAME _____

FACILITY ADDRESS _____

Street

City

Zip

TELEPHONE# (____) _____ FAX # (____) _____

EMAIL ADDRESS _____

OWNER INFORMATION

OWNER(S) (CHECK ONE):

AN INDIVIDUAL

A PARTNERSHIP

A CORPORATION

OWNER'S NAME _____

OWNER'S ADDRESS _____

Street

City

Zip

TELEPHONE # (____) _____ CELL # (____) _____

EMAIL ADDRESS _____

This application is for (check one):

A new construction

A new owner of an existing facility

A new owner of an existing facility being remodeled

Is the entire facility a smoke-free facility? Yes No Is the proposed menu attached? Yes No

FEE SCHEDULE (Fees are non-refundable)

This application is for (check one): \$130 – original permit fee for a new business or a new owner
 \$75 – Seasonal Food Establishments (Operates 15 to 120 Days per year)

**Applications will not be processed without plan review application and fee.
Contact us at (314) 615-8900 for additional information.**

HEALTH PERMITS ARE NOT TRANSFERABLE

Make check payable to: **SAINT LOUIS COUNTY DEPARTMENT OF PUBLIC HEALTH (DPH)**

Mailing address: **6121 NORTH HANLEY ROAD
BERKELEY, MISSOURI 63134**

SIGNATURE OF APPLICANT _____ DATE _____

PRINTED NAME OF APPLICANT _____ DATE _____