

# SIoux FALLS HEALTH DEPARTMENT

## Food Service Establishment Permit Application

Permit Effective January 1 through December 31 (Permit Expires Each Year on December 31)

*Please type or print in ink*

Establishment Name: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_

Establishment Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Manager Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Name: \_\_\_\_\_ Billing Phone No.: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

If establishment has changed name, list previous name: \_\_\_\_\_

Food services that are part of a grocery store complex are charged a food service operating fee based on the actual square footage of the food storage, preparation, and service area.

**Permit Fee:** Includes one full service food preparation area. Additional food preparation areas are charged an additional \$64 each.

- Square footage of establishment (including storage, preparation, service) according to building permit/assessors/other records: \_\_\_\_\_
- Number of food preparation areas: \_\_\_\_\_

### Permit Fee Schedule

Food Establishment Size	Operating Permit Base Fee	Additional Prep Area \$64.00 Each	Total
0–2,500 square feet.....	\$126/year	\$ _____	\$ _____
2,501–5,000 square feet.....	\$188/year	\$ _____	\$ _____
5,001 square feet and over.....	\$252/year	\$ _____	\$ _____

Type of Food Service: \_\_\_\_\_ Annual Fee: \$ \_\_\_\_\_

Signed: \_\_\_\_\_

Late fee if application received after December 31 each year..... \$50

### OFFICE USE ONLY:

**Make check payable to:** City of Sioux Falls

**Mail to:** Sioux Falls Health Department  
521 North Main Avenue, Suite 101  
Sioux Falls, SD 57104-5963

Amount Received: \_\_\_\_\_  
Receipt No.: \_\_\_\_\_  
Date: \_\_\_\_\_

