



**Public Health**  
Prevent. Promote. Protect.

# Lafayette County Health Department

547 South 13 Highway · Lexington, Missouri 64067-1437  
(660) 259-4371 · Fax (660) 259-6250  
Web page: [www.lafayettecountyhealth.org](http://www.lafayettecountyhealth.org)



**FOOD SERVICE PERMIT RENEWAL APPLICATION 2021**  
**RETURN THIS FORM WITH PAYMENT**

- Annual Renewal (due 12/31/17)  New Establishment – proposed opening date \_\_\_\_\_
- Location Change  Re-opening/Remodeling  Change of Ownership

\*Owner of Establishment  Individual/Sole Proprietor  LLP  LLC  Corporation

Billing Address \_\_\_\_\_

Send permit applications to corporate rather than local establishment

\*Establishment Name \_\_\_\_\_

\*Establishment Address: \_\_\_\_\_

\*Mailing Address (if different than above) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Manager/Person-In-Charge \_\_\_\_\_

Number of Managers/Supervisors \_\_\_\_\_ Number of Employees \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_

I agree to comply with all operation regulations for a food service that are enforced by the Lafayette County Health Department.

\*Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

**Must be completed fully and have valid signature for approval**

Permit valid for 1 year, must be renewed annually, upon change of ownership, or re-opening after major remodeling.

**(OVER)**

## PERMIT FEES

Permit fees are based on a worksheet formula to determine Public Health Priority (PHP). The fee amount is based on the number of routine inspections and a potential re-inspection determined by PHP. PHP is determined by the complexity of the food operation and the inspection history.

Additional fees will be levied if:

- repeated violations requiring more than 1 re-inspection after a failed initial inspection have occurred.
- permit fees are received after due date.
- establishment has been late with renewals previously – certified mail fee

Make check payable to Lafayette County Health Department

**Total Fee \$ \_\_\_\_\_**

Remit **completed and signed** application along with check or money order to:

Lafayette County Health Dept. 547 S. Bus. 13 Hwy. Lexington, MO  
64067

***RENEWALS DUE DECEMBER 31, 2017. NEW OR MODIFIED PERMITS DUE BEFORE OPENING/RE-OPENING. FAILURE TO OBTAIN A PERMIT WILL INCUR ADDITIONAL FEES AND COULD RESULT IN THE CLOSING OF YOUR ESTABLISHMENT.***

	<b>For Office Use Only</b> Current Establishment Database Name _____	
<input checked="" type="checkbox"/>	High Public Health Priority Establishment	\$159
<input type="checkbox"/>	Medium Public Health Priority Establishment	\$ 106
<input type="checkbox"/>	Low Public Health Priority Establishment	\$ 53
<input type="checkbox"/>	Certified Mail Fee for renewal application ( permit fees have been chronically late )	\$ 6
<input type="checkbox"/>	Penalty Fee	\$ 75
<input type="checkbox"/>	Re-inspection visits beyond the first re-inspection required due to non-compliance	\$53/hour
<p>Application Approved            Signature: EPHS/Designee _____ Date _____  <input type="checkbox"/> Payment Received <span style="float: right;"><input type="checkbox"/> Issue Permit</span></p> <hr/> <p style="text-align: center;"> <span style="margin-right: 100px;">Date      Initial</span> <span style="margin-right: 100px;">Rcpt.#    Date    Initial</span> <span>Date      Initial</span> </p>		