



547 South Business Hwy 13 · Lexington, Missouri 64067-1437
(660) 259-4371 · Fax (660) 259-6250
Web page: www.lafayettecountyhealth.org

Food Service Permit Renewal Application

Form must accompany payment to receive permit certificate

*Please fill out the entire application and **complete all areas**. Please write clearly. Signature represents information provided is accurate and agrees to all Food Service Permit Regulations.*

Annual Renewal (**due by 12/31/24**) New Establishment _____ Proposed opening date _____

Owner of Establishment: Individual/Sole Proprietor, LLP LLC, Corporation (Circle correct ownership)
_____ Location Change _____ Re-opening/Remodeling _____ Change of Ownership

Establishment Name _____

Establishment Address: _____

Business Email Address _____

Billing/Mailing Address (if different than above) _____

Business Phone _____ Fax _____ E-mail _____

(*Please provide Personal E-Mail address and Phone Numbers in case of an emergency)

*Managers personal Email Address _____ & *Personal Phone _____

Manager/Person-In-Charge _____ Serv-Safe Certified Yes No

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 X _____ **Title** _____ **Date** _____

Permit valid for 1 year, must be renewed annually.

Notify the Lafayette County Health Department PRIOR to Change of ownership, Closure or Remodeling after opening -including plumbing, major or minor changes.

(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, inspection history and the number of meals or patrons served per day > 150. Establishments are evaluated during the last quarter of the year to determine any fee changes. Additional fees will be levied if:

- **repeated violations requiring more than 1 re-inspection after a failed initial inspection have occurred will be billed at EPHS HOURLY COST (salary per hour + overhead) + Mileage Rate x average number of miles from LCHD to establishment**
- **establishment has been late with renewals previously – certified mail fee \$15 or current rate**

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 Department, 547 S Business Hwy 13, Lexington, MO 64067

RENEWALS DUE BY DECEMBER 31, 2024.

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.

	For Office Use Only Current Establishment Database Name _____	
<input type="checkbox"/>	High Public Health Priority Establishment	\$200
<input type="checkbox"/>	Medium Public Health Priority Establishment	\$150
<input type="checkbox"/>	Low Public Health Priority Establishment	\$100
<input type="checkbox"/>	Certified Mail Fee for renewal application (permit fees have been chronically late)	\$ 15
<input type="checkbox"/>	Penalty Fee	\$ 75
<input type="checkbox"/>	Re-inspection visits beyond the first re-inspection required due to non-compliance	\$100/visit
<input type="checkbox"/>	Re-inspection visit after closure due to non-compliance	\$500
Application Approved Signature: EPHS/Designee _____ Date _____ <input type="checkbox"/> Payment Received _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Rcpt.# Date Initial </div> <input type="checkbox"/> Permit Issued _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Date </div>		