



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 12/31/26**) 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, 2026.

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%;"> Rept.# Date Initial </div> <input type="checkbox"/> Permit Issued _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Date </div>		