



APPLICATION FOR RETAIL 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 to 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)

\$130 – original permit fee for a new business or a new owner

**Applications will not be processed without a 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 _____