

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 \$92 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 \$92.00 Each	Total
0–2,500 square feet.....	\$181/year	\$ _____	\$ _____
2,501–5,000 square feet.....	\$271/year	\$ _____	\$ _____
5,001 square feet and over.....	\$362/year	\$ _____	\$ _____

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

Signed: _____

Proposed Opening Date: _____

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: _____

