

SIoux FALLS HEALTH DEPARTMENT

Food Selling and Food Processing 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: _____

Please mark appropriate square footage of food selling, food processing, and storage area.

	A Food Selling*	B Food Processing**
Food Selling 250 square feet or less.....	\$92	
Annual Permit Fee more than 250 square feet	\$181	\$181
Additional Fees for:		
Area over 1,000 square feet but less than 5,000 feet.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Area over 5,000 square feet	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Total square footage _____		
Total Due:	\$ _____	\$ _____
A and B Total:	\$ _____	

Check here if you are processing (cutting) meat—*No Additional Charge*

Food Selling** is defined as retail grocery, no repackaging done to food. *Food Processing** is defined as changing or repackaging, actually processing food.

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: _____

