

APPLICATION FOR HEALTH PERMIT



According to the Saint Louis County Food Code:

1. No person shall operate a restaurant who does not have a current and valid permit issued to him by the Director of this Department.
2. Only a person who complies with the requirements of this Code shall be entitled to receive or 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 # (_____) _____ FAX # (_____) _____

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

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

HEALTH PERMITS ARE NOT TRANSFERABLE

Make check payable to:

SAINT LOUIS COUNTY DEPARTMENT OF HEALTH

111 South Meramec

Clayton, MO 63105

SIGNATURE OF APPLICANT _____ DATE _____

PRINTED NAME OF APPLICANT _____