



Public Health
Prevent. Promote. Protect.

APPLICATION FOR ENVIRONMENTAL HEALTH PERMIT

(All fees and outstanding re-inspection invoices must be paid in full prior to issuance of permit)

**LATE FEE 25% OF PERMIT WILL BE ASSESSED 10 DAYS PAST EXPIRATION DATE
 AFTER 10 DAYS, PRIOR PERMIT IS INVALID AND LEGAL ACTION MAY OCCUR
 AN ADDITIONAL \$50 SERVICE FEE WILL BE APPLIED TO ALL EXPIRED PERMITS**

OWNER OR AGENT: _____ **DATE:** _____

BUSINESS OR CLIENT NAME: _____

BUSINESS ADDRESS: _____

PHONE: _____

Signature of applicant () Owner () Agent

Please check the box(es) below for which you are applying.

FOOD	FEE	RECREATION	FEE
<input type="checkbox"/> Food Service Est. (0-20 seats)	150.00	<input type="checkbox"/> Swimming Pool/Bathing Beach	150.00
<input type="checkbox"/> Food Service Est. (21-50 seats)	300.00	<input type="checkbox"/> Campgrounds (1-10 sites)	72.00
<input type="checkbox"/> Food Service Est. (51-80 seats)	450.00	<input type="checkbox"/> Campgrounds (11+ sites) Each:	7.20
<input type="checkbox"/> Food Service Est. (81+ seats)	600.00	<input type="checkbox"/> Industrial Campground	120.00
<input type="checkbox"/> Food Service with liquor license add:	150.00	<input type="checkbox"/> Labor Camp	150.00
<input type="checkbox"/> Mobile Food Unit	150.00	<input type="checkbox"/> Organized Camp	108.00
<input type="checkbox"/> Temporary Food Service	72.00		
<input type="checkbox"/> Vending Machines (each, up to 6 max)	72.00	WATER	FEE
<input type="checkbox"/> Retail Checkouts Each:	72.00	<input type="checkbox"/> Water well	150.00
<input type="checkbox"/> Farmer's Market (county of residence)	15.00	<input type="checkbox"/> Heat Exchange Well ≤ 50 tons	180.00
<input type="checkbox"/> Farmer's Market (out of county)	25.00	<input type="checkbox"/> Heat Exchange Well ≥ 51 tons	360.00
HOUSING	FEE	SEWAGE	FEE
<input type="checkbox"/> Hotel/Motel (up to 20 rooms)	150.00	<input type="checkbox"/> System Modification ≥ 51 tons	222.00
<input type="checkbox"/> Hotel/Motel (21-50 rooms)	300.00	<input type="checkbox"/> Conventional Single Family Dwelling	222.00
<input type="checkbox"/> Hotel/Motel (51-80 rooms)	450.00	<input type="checkbox"/> All Other Types of Systems	450.00
<input type="checkbox"/> Hotel/Motel (81+ rooms)	600.00	<input type="checkbox"/> Sewage Tank Cleaning Truck Permit	19.20
<input type="checkbox"/> Family Day Care (7-12 kids)	72.00		
<input type="checkbox"/> Day Care Center (13-25 kids)	150.00	SUB-DIVISIONS	FEE
<input type="checkbox"/> Day Care Center (26+ kids)	222.00	<input type="checkbox"/> 1-10 sites	140.00
<input type="checkbox"/> Mobile Home Park (up to 10 sites)	150.00	<input type="checkbox"/> 11+ sites Each :	14.00
<input type="checkbox"/> Mobile Home Park (11 - 20 sites)	180.00		
<input type="checkbox"/> Mobile Home Park (21 - 30 sites)	270.00	OTHER	FEE
<input type="checkbox"/> Mobile Home Park (31+ sites)	330.00	<input type="checkbox"/> Tattoo Studio	200.00
<input type="checkbox"/> Bed and Breakfast	72.00	<input type="checkbox"/> Temporary Tattoo Studio	100.00
<input type="checkbox"/> Care Facility	72.00	<input type="checkbox"/> Body Piercing Studio	200.00
<input type="checkbox"/> Schools Facility	72.00	<input type="checkbox"/> Tanning Facility	200.00
<input type="checkbox"/> Service Fee (See top of form)	50.00	<input type="checkbox"/> Mass Gathering (250 or more people)	72.00
<input type="checkbox"/> 25% Late Fee (See top of form)	_____	<input type="checkbox"/> _____	_____

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Date: _____ **Amount Paid:** _____

Received from: _____ **Cash** **Check #** _____

For: _____ **Credit Card**

Received by: _____

Signature of health department representative

CHECKS OR MONEY ORDERS PAYABLE TO: MARSHALL COUNTY HEALTH DEPARTMENT