

**APPLICATION FOR ENVIRONMENTAL HEALTH PERMIT**

(All fees and outstanding re-inspection invoices must be paid in full prior to issuance of permit)  
**Late fees are applied to payments received more than 10 days after permit expires.**

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.**

<u>FOOD</u>	<u>FEE</u>	<u>RECREATION</u>	<u>FEE</u>
<input type="checkbox"/> Food Service Est. (0-20 seats)	100.00	<input type="checkbox"/> Swimming Pool/Bathing Beach	100.00
<input type="checkbox"/> Food Service Est. (21-50 seats)	200.00	<input type="checkbox"/> Campgrounds (1-10 sites)	50.00
<input type="checkbox"/> Food Service Est. (51-80 seats)	300.00	<input type="checkbox"/> Campgrounds (11+ sites) Each:	5.00
<input type="checkbox"/> Food Service Est. (80+ seats)	400.00		
<input type="checkbox"/> Food Service with liquor license add:	100.00	<u>WATER</u>	
<input type="checkbox"/> Mobile Food Unit	100.00	<input type="checkbox"/> Water well	100.00
<input type="checkbox"/> Temporary Food Service	50.00	<input type="checkbox"/> Heat Exchange Well ≤ 50 tons	150.00
<input type="checkbox"/> Vending Machines (each, up to 6 max)	50.00	<input type="checkbox"/> Heat Exchange Well ≥ 51 tons	300.00
<input type="checkbox"/> Retail Checkouts (each, up to 6, max)	50.00		
<input type="checkbox"/> Farmer's Market	15.00	<u>SEWAGE</u>	
		<input type="checkbox"/> Conventional Single Family Dwelling	150.00
<u>HOUSING</u>		<input type="checkbox"/> All Other Types of Systems	300.00
		<input type="checkbox"/> Sewage Tank Cleaning Truck Permit	16.00
<input type="checkbox"/> Hotel/Motel (up to 20 rooms)	100.00	<u>SUB-DIVISIONS</u>	
<input type="checkbox"/> Hotel/Motel (21-50 rooms)	200.00	<input type="checkbox"/> 1-10 Sites	100.00
<input type="checkbox"/> Hotel/Motel (51-80 rooms)	300.00		
<input type="checkbox"/> Hotel/Motel (over 80 rooms)	400.00	<u>OTHER</u>	
<input type="checkbox"/> Family Day Care (7-12 kids)	50.00	<input type="checkbox"/> Tattoo Parlor	200.00
<input type="checkbox"/> Day Care Center (13-25 kids)	100.00	<input type="checkbox"/> Mass Gathering (500 or more people)	50.00
<input type="checkbox"/> Day Care Center (over 25 kids)	150.00	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Mobile Home Park (up to 20 sites)	100.00		
<input type="checkbox"/> Mobile Home Park (20+ sites) Each:	5.00		
<input type="checkbox"/> Bed and Breakfast	50.00		
<input type="checkbox"/> Care Facility	50.00		
<input type="checkbox"/> 25% Late Fee (See top of form)	_____		

**DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY**

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Received from: \_\_\_\_\_  Cash  Check # \_\_\_\_\_

For: \_\_\_\_\_

Received by: \_\_\_\_\_  
Signature of health department representative

White ... Environmental

Pink ... Financial

Yellow ... Applicant