



**Public Health**  
Prevent. Promote. Protect.

# Lafayette County Health Department

Primary Accreditation · Since September 2006  
547 South 13 Highway · Lexington, Missouri 64067-1437  
(660) 259-4371 · Fax (660) 259-6250

Web page: [www.lafayettecountyhealth.org](http://www.lafayettecountyhealth.org)

An Equal Opportunity Employer \* Services Provided on a Non-Discriminatory Basis



## FOOD SERVICE PERMIT RENEWAL APPLICATION

Please complete fully and sign\* RETURN THIS FORM WITH PAYMENT BEFORE opening.

Annual Renewal     New Establishment/Or Remodeled     Change of Ownership/Or Re-opening

\*Owner of Establishment \_\_\_\_\_

\*Establishment Name \_\_\_\_\_

\*Establishment Business/Corporate Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_

\*Physical Address (if different than above) \_\_\_\_\_

\*State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax \_\_\_\_\_

I agree to comply with all operation regulations for a food service that are enforced by the Lafayette County Health Department. \*Signature \_\_\_\_\_ \*Date \_\_\_\_\_

**Make check payable to Lafayette County Health Department Total Fee \$ \_\_\_\_\_**  
**Remit completed and signed application along with check or money order to:**  
**Lafayette County Health Dept. 547 S. 13 Hwy. Lexington, MO 64067**

	<b>For Office Use Only</b> Current Establishment Database Name _____	
<input type="checkbox"/>	High Public Health Priority Establishment	\$159
<input type="checkbox"/>	Medium Public Health Priority Establishment	\$ 106
<input type="checkbox"/>	Low Public Health Priority Establishment	\$ 53
<input type="checkbox"/>	Food Processors/Manufacturers	\$ 53
<input type="checkbox"/>	Temporary Food Stand (mobile unit operating less than 14 days total) : _____ Event _____ Name _____ Date(s) _____ Location _____	\$ 25
<input type="checkbox"/>	Penalty Fee – Late payment, Re-instatement	\$ 75
<p>Application Approved Signature: EPHS/Designee _____ Date _____</p> <p><input type="checkbox"/> Payment Received <span style="float: right;"><input type="checkbox"/> Issue Permit</span></p> <p>_____</p> <p>Date    Initial                      Rcpt.#    Date    Initial                      Date    Initial</p>		