

Laclede County Health Department

405 Harwood Avenue, Lebanon MO 65536

Phone: 417-532-3477 or 417-532-2134 / Fax: 417-532-1470

www.lacledecountyhealth.com



Renewal Application for Food Establishment Permit

(Please type or print)

Establishment Name: _____

Physical Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Fees are Payable to: **Laclede County Health Department**

Establishment Fees:	High Priority-----	\$150.00
	Medium Priority-----	\$100.00
	Low Priority-----	\$50.00
	School Cafeteria-----	\$0.00
	Non-Profit/Charitable Fundraiser-----	\$0.00
	Temporary Food Establishment---	
	Per Event-----	\$25.00
	Annual-----	\$50.00
	Violation Corrections-----	\$

For Laclede County Health Department Use Only

Establishment # _____

Issue Date: _____

Expiration Date: _____

Notes: _____