HENRY COUNTY BOARD OF HEALTH
407 S. WHITE STREET
MT. PLEASANT, IA 52641
319-385-6724

APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Make Check or Money Order payable to:
Henry County Board of Health
407 S. White Street
Mt. Pleasant, IA 52641

Date of Application:
Type of Application: **[ ] New** **[ ] Renewal**
If new application, list business opening date: _____
Has ownership changed since last license issued? **[ ] Yes** **[ ] No**
If yes, give previous owner and business name:

Last License Number: _____

Water Source (Check One)
[ ] Public (1) **[ ] Private (2)**

Name of Business: _____
Owner's Name: _____ Telephone Number: (_____) _____
Physical Address: _____ County: _____
City: _____ State: _____ Zip Code: _____

Mailing address for all correspondence, if different than above:
Street or Route: _____ Telephone Number: (_____) _____
City: _____ State: _____ Zip Code: _____
Person-In-Charge: Name: _____Title: _____ Telephone Number: (_____) _____
Ownership Structure: [ ] Individual [ ] Partnership***** [ ] Corporation*****
*****Complete next section for Partnerships or Corporations

Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Establishment Type (Check appropriate box)

[ ] Restaurant with Liquor (11)	[ ] Restaurant without Liquor (12)
[ ] Tavern with food preparation (21)	[ ] Private/Public Service Institutions (50) (includes schools and nutrition programs)
[ ] Tavern with no food preparation (22)	[ ] Commissary or Cater (64)

Licensee Fee Structure

All license fees are based on total gross sales of food and drink covered by that particular license. **Schedule B** is for Food Service Establishments that also have a Retail Food Establishment License for the same physical address as on this application. Food Service Establishments that **do not** have a Retail Food Establishment license for the same physical address must pay a license fee based on **Schedule A**.

Schedule A	Schedule B
For Food Service Establishment license holders that do not have a retail food establishment license for the same physical address. (Please check appropriate box below.) [ ] $67.50 - Annual gross sales of $1 to $50,000 [ ] $114.50 - Annual gross sales of $50,001 to $100,000 [ ] $236.25 - Annual gross sales of $100,001 to $250,000 [ ] $275.00 - Annual gross sales of $250,001 to $500,000 [ ] $303.75 - Annual gross sales of $500,001 or more	For establishments with both a Food Service Establishment and a Retail Food Establishment license for the same physical address. To qualify for Schedule B, you must provide your Retail Food Establishment license number: _____ (Please check appropriate box below.) [ ] $50.63 - Annual gross sales of $1 to $50,000 [ ] $85.88 - Annual gross sales of $50,001 to $100,000 [ ] $177.19 - Annual gross sales of $100,001 to $250,000 [ ] $206.25 - Annual gross sales of $250,001 to $500,000 [ ] $227.87 - Annual gross sales of $500,001 or more

Any Change in Location or Ownership Requires a New License.
Licenses are Not Transferable. Make Check or Money Order Payable to:
Henry County Board of Health

Signature of Applicant: _____

Title of Applicant: _____

For Office Use Only

Date $ Ck #

427-2276 (revised 01/02)