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

APPLICATION FOR RETAIL FOOD 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)

[ ] Super Market/Grocery Store (31)	[ ] Convenience Store (32)
[ ] Bakery (82)	[ ] Fruit and Vegetable Market (42)
[ ] Candy Maker (33)	[ ] Other Food Retailer (00)

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 Retail Food Establishments that also have a Food Service Establishment License for the same physical address as on this application. Retail Food Establishments that **do not** have a Food Service Establishment License for the same physical address must pay a license fee based on **Schedule A**.

Schedule A	Schedule B
For Retail Food Establishments that do not have a food service establishment license for the same physical address. (Please check appropriate box below.) [ ] $40.50 - Annual gross sales of $1 to $10,000 [ ] $101.25 - Annual gross sales of $10,001 to $250,000 [ ] $155.25 - Annual gross sales of $250,001 to $500,000 [ ] $202.50 - Annual gross sales of $500,001 to $750,000 [ ] $303.75 - Annual gross sales of $750,001 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 Food Service Establishment license number: _____ (Please check appropriate box below.) [ ] $30.38 - Annual gross sales of $1 to $10,000 [ ] $75.94 - Annual gross sales of $10,001 to $250,000 [ ] $116.44 - Annual gross sales of $250,001 to $500,000 [ ] $151.88 - Annual gross sales of $500,001 to $750,000 [ ] $227.81 - Annual gross sales of $750,001 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 #

427-2274 (revised 01/02)