APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

FRANKLIN COUNTY HEALTH DEPARTMENT
414 E MAIN ST
UNION, MO 63084
PHONE #: (636) 583-7300 FAX #: (636) 583-7305

PLEASE PRINT CLEARLY, THIS INFORMATION WILL BE DISPLAYED ON YOUR LICENSE

Establishment Name:	Physical Address of Establishment:
Owner's Name:	Mailing Address of Establishment:

Establishment Phone # :

Type of Ownership ☐ Individual ☐ Partnership ☐ Corporation

LICENSING FEE:

☐	Food Establishment: High Risk	$200.00	New establishment risk category will be determined at pre-open inspection. Existing establishments will receive risk category at time of renewal.
☐	Food Establishment: Medium Risk	$150.00	
☐	Food Establishment: Low Risk	$100.00	
☐	Hospital / Institution	$200.00	
☐	School Cafeteria	$100.00	
☐	Day Care Establishment	$100.00	For providers with 20 children or more
☐	Mobile Food License	$75.00	
☐	Concession Stand / Seasonal	$50.00	
☐	Temporary Food License	$25.00	No more than 5 consecutive days or 15 total days per year
☐	Not - For - Profit Organization	$25.00	

NOTE: If this is a new establishment plans may need to be reviewed for compliance

MAKE CHECK PAYABLE TO: FRANKLIN COUNTY HEALTH DEPARTMENT (FCHD)

Failure to obtain a permit before opening, or operating without a valid license may result in the levy of an additional $100.00 payment fee.

Name of Applicant (Print): _____

Signature of Applicant: _____ Date: _____

FOR DEPARTMENT OF HEALTH USE ONLY

EST. #	ISSUE DATE	EXPIRES	CITY CODE #	ESTABLISHMENT TYPE	PLAN APP

WATER: ( ) Private ( ) Public **SEWER:** ( ) Private ( ) Public

Cash Receipt Number: **Date:** **Check Number:**

Comments: _____

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