



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

SJCHD-04-100
Revised 12/13/2022

St. Joseph County Department of Health

Application for Annual Food Permit

PLEASE PRINT. IF APPLYING ONLINE FILL IN ALL BOXES MARKED "REQUIRED"

Permit Number: _____ Year Application Valid: _____

Establishment Name: _____

Establishment Address: _____

City: _____ State: IN Zip: _____

Establishment Phone Number: (_____) _____ Fax: (_____) _____

Establishment's E-Mail Address: _____

Owner/Operator: _____

Days of Operation: _____ Hours of Operations _____
(Example Mon-Fri) (Example 8am-5pm)

Public Water: Yes No Public Sewage: Yes No

Square Footage of Establishment _____ Number of employees _____

Type of Business/Ownership: Individual Partnership Corporation Members

Owner(s)/ Corporation Name: _____

Owner(s)/ Corporation Address: _____

City: _____ State: _____ Zip: _____

Corporation Telephone Number: _____ (Fax): _____

Permit Type (check one): Food Service Permit **OR** Retail Food Store Permit

Preferred Method to Receive Permit: Pick up in office Mail to Establishment Mail to Owner/Corporation Address

*****After completion, online applicants will be sent to the payment portal. Not for Profits: Disregard the payment link*****

Person receiving permit(s) (please print)

Signature of person receiving permit(s)

Type or Print Name (Owner/Manager)

Signature (Owner/Manager)

Office Use

Employee: _____ New Permit _____ Permit Fee: \$ _____

Paid: _____ Renewal Permit _____ Adm. Fee: \$ _____

Transaction #: _____ Interim Permit/Expires _____ Late Fee: \$ _____

Total Fees: \$ _____

The following fee schedule as established by the St. Joseph County Board of Health and hereby approved by the Board of Commissioners of St. Joseph County.
Ordinance No. 149-22

Annual Food Service or Food Store Establishment

Permit Fees:	Gross Food Sales from:	to:
*\$85.00	\$0.00	\$49,999.99
\$115.00	\$50,000.00	\$149,999.99
\$145.00	\$150,000.00	\$249,999.99
\$175.00	\$250,000.00	\$499,999.99
\$225.00	\$500,000.00	\$749,999.99
\$275.00	\$750,000.00	\$999,999.99
\$350.00	\$1,000,000.00	\$1,249,999.99
\$375.00	\$1,250,000.00	\$1,499,999.99
\$425.00	\$1,500,000.00	over \$1.5M

**Proof of Total Gross Sales of Food, including alcohol for the Previous Year
MUST BE PROVIDED.**

Note:

- ✱ *Fees collected after January 31st will incur a 75% Late Fee.*
- **Fees for renewal of permits not accepted until the first business day in January.**
- **No fees accepted after 4:00 p.m.**
- **Types of Payment Accepted:**
 - **Cash**
 - **Cashiers Check**
 - **Money Order**
 - **Business Check**
 - **Visa/Master Card/Discover/American Express**

**Our office cannot accept credit card payments over the telephone.*

St. Joseph County Department of Health
227 West Jefferson Blvd.
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South Bend, Indiana 46601
Telephone 574-235-9750 Fax: 574-235-9497



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
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St. Joseph County Department of Health

“Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St Joseph County residents”

Affidavit of Gross Sales

Please Print all Information or Fill in all Boxes Marked “Required”

I, _____
(Owner/Manager)

(Establishment Name)

(Establishment Address)

(City) Indiana _____
(Zip)

I affirm under the penalties of perjury that the following representations are true and accurate.
I understand the St. Joseph County Health Department shall request copies of the establishment’s gross sales if there is a discrepancy after reviewing past records.

Total Gross Sales, including alcohol \$ _____ for the business year of 2022. **(New Establishments enter “\$0”)**

Owner/Manager (please print)

(Signature of Owner/Manager)

(Date)