



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

SJCHD-04-100  
Revised 06/20/2023

# 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**

<b>Permit Fees:</b>	<b>Gross Food Sales from:</b>	<b>to:</b>
<b>*\$85.00</b>	\$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 31<sup>st</sup> 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.  
9<sup>th</sup> Floor County City Bldg  
South Bend, Indiana 46601  
Telephone 574-235-9750 Fax: 574-235-9497



*"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)

\_\_\_\_\_ Indiana \_\_\_\_\_  
(City) (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 2023. **(New  
Establishments enter "\$0")**

\_\_\_\_\_  
Owner/Manager (please print)

\_\_\_\_\_  
**(Signature of Owner/Manager)**

\_\_\_\_\_  
(Date)