



**Public Health**  
Prevent. Promote. Protect.

## HICKORY COUNTY HEALTH DEPARTMENT

P.O. Box 21, Hermitage, MO 65668 Phone: 417-745-2138 Fax: 417-745-2400

www.hickorycountymo.net

### APPLICATION FOR FOOD SERVICE ESTABLISHMENT PERMIT (Please type or print)

1) Establishment Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Location of Establishment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2) Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

3) Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_

4) Make Checks Payable to: *Hickory County Health Department*

#### Establishment Fees:

Pre-Opening Inspection-----\$100.00

Low Priority-----\$150.00

Medium Priority-----\$200.00

High Priority-----\$250.00

#### For Hickory County Health Department Use Only

Establishment # \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Notes: