

SOUTH DAKOTA DEPARTMENT OF HEALTH FOOD LICENSE APPLICATION

PLEASE TYPE OR PRINT IN INK THE FOLLOWING INFORMATION (Fill in all boxes) CHECK THOSE ITEMS THAT APPLY

ESTABLISHMENT NAME		LIST PREVIOUS ESTABLISHMENT NAME		OLD LIC. #	
CORPORATION/OWNER NAME		CORPORATE CONTACT / PHONE	ESTABLISHMENT PHONE	CELL PHONE	
ESTABLISHMENT PHYSICAL ADDRESS (NO PO BOX #'S)			CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS)			CITY	STATE	ZIP
IF RURAL LOCATION, GIVE DIRECTIONS FROM NEAREST CITY			EMAIL ADDRESS		
CERTIFIED FOOD SERVICE MANAGER		CERTIFICATE ID #		DATE CERTIFIED	
APPLICATION IS FOR: <input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> CHANGE OF OWNERSHIP	SEASONAL: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Dates Open From: _____ to: _____	PROPOSED OPENING DATE _____	WATER SUPPLY <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Rural	SEWER SYSTEM <input type="checkbox"/> Public <input type="checkbox"/> Private	

SECTION 1: FOOD SERVICE – Type of Business (Choose One)

<input type="checkbox"/> 10 Food Service Establishment	<input type="checkbox"/> 23 Other _____	<input type="checkbox"/> 51 Limited Menu Mobile Food
<input type="checkbox"/> 8 Drive-in or Carry-out	<input type="checkbox"/> 21 Mobile Food Service	<input type="checkbox"/> 52 Non-Profit
<input type="checkbox"/> 11 Food Service/Bakery	<input type="checkbox"/> 6 Convenience Store	
<input type="checkbox"/> 9 Food and Beer or Liquor	<input type="checkbox"/> 4 Catering	

SECTION 2: LICENSING FEES – Choose the Appropriate Information

	FULL YEAR FEE: Jan 1 – Dec 31	HALF YEAR FEE: *July 1 – Dec 31		FEE TOTAL Complete all that apply
Seating Fee: 0 1 – 50 51 – 100 101 or more Mobile Food Service & Limited Menu Mobile Food	<input type="checkbox"/> \$ 90.00 <input type="checkbox"/> \$120.00 <input type="checkbox"/> \$180.00 <input type="checkbox"/> \$225.00 <input type="checkbox"/> \$ 38.00	<input type="checkbox"/> \$45.00 <input type="checkbox"/> \$60.00 <input type="checkbox"/> \$90.00 <input type="checkbox"/> \$112.50 <input type="checkbox"/> \$19.00	Seating Capacity: _____	<input style="width: 100px; height: 20px;" type="text"/>
Inspection Fee¹: <i>See Reverse Side For Explanation</i>	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$25.00		<input style="width: 100px; height: 20px;" type="text"/>
Initial License Fee²: <i>See Reverse Side For Explanation</i>	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00		<input style="width: 100px; height: 20px;" type="text"/>

<i>Being first duly sworn, I, as the owner or the owner's agent with legal authority to bind the owner, verify that the information contained in this application is true and complete, and I consent to allow inspections of the food service, lodging, or campground establishment by authorized inspectors during normal business hours upon the presentation of identification.</i>	TOTAL ALL FEES ABOVE - THIS IS THE AMOUNT YOU OWE \$ _____
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Owner/Agent Signature	Date:
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Subscribed and sworn to before me this _____ day of _____, 20____.

(Seal)

Notary Public	My commission expires:
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INSTRUCTIONS

1. Please type or print in Black or Blue ink.
2. Fill out the application completely. An incomplete application cannot be processed. It will be returned to the sender, and may result in the denial of a license. Complete all the owner information on the top section of the application. Mark the type of food service your establishment is in **Section 1**. The fee structure for the Food License is located in **Section 2**. Complete all of **Section 2** as it applies to your establishment.
3. The owner's signature must be notarized by a duly appointed notary public.
4. New establishments or changes to existing establishments require submission of construction plans 30 days prior to initiating construction. The plans must be submitted to:

SD Dept of Health, Office of Health Protection, 615 E 4th Street, Pierre, SD 57501-1700.

No license will be issued until an on-site inspection is conducted and the establishment is found to be in compliance and manager certification requirements have been successfully completed.

- *5. **Half-year license fees apply only to new establishments or change of ownerships occurring after July 1st and before December 31st.**
6. Submit the completed license application and the required license fee (checks payable to **SD Department of Health**) to:

**SD Department of Health
Office of Health Protection
615 East Fourth Street
Pierre, SD 57501-1700**

The South Dakota Department of Health will issue or renew a license only after payment of the required fee, ascertainment that the facts set forth are true and complete, and satisfactory evidence of the applicant's ability to comply with the provision of SDCL Chapter 34-18 and the rules promulgated thereunder.

¹ This fee covers the two mandatory inspection conducted each year. This fee is required of all establishments licensed by the South Dakota Department of Health.

² This fee is required for establishments meeting requirements for new licensing. This includes any establishment that has not operated within the last twelve months.

IF YOU HAVE ANY QUESTIONS, CONTACT THE DEPARTMENT OF HEALTH AT (605)773-4945

LICENSE EXPIRES DECEMBER 31st OF EACH YEAR