## SECTION 1: ESTABLISHMENT INFORMATION

<table>
<thead>
<tr>
<th>ESTABLISHMENT NAME</th>
<th>LIST PREVIOUS ESTABLISHMENT NAME</th>
<th>OLD LIC. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporation/Owner Name</td>
<td>Corporate Contact / Phone</td>
<td>Establishment Phone</td>
</tr>
<tr>
<td>Establishment Physical Address (No PO Box #’s)</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>If Rural Location, Give Directions from Nearest City</td>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Mailing Address (If Different Than Physical Address)</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

**Email Address**

**Certified Food Service Manager**

Certificate ID # | Date Certified
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**Application is For:**
- [ ] New Business
- [ ] Change of Ownership
- [ ] Seasonal: Yes | No

If Yes, Dates Open:

From: __________ to: ____________

**Proposed Opening Date**

**Water Supply**
- [ ] Public
- [ ] Private
- [ ] Rural

**Sewer System**
- [ ] Public
- [ ] Private

## SECTION 2: FOOD SERVICE – Type of Business (Choose One)

- [ ] Food Service Establishment
- [ ] Drive-in or Carry-out
- [ ] Bakery
- [ ] Catering
- [ ] Convenience Store
- [ ] Limited Menu Mobile Food
- [ ] Non-Profit
- [ ] Mobile Food Service
- [ ] Other __________________

## SECTION 3: LICENSING FEES

<table>
<thead>
<tr>
<th>Seating Category:</th>
<th>Seating Capacity:</th>
<th>FULL YEAR FEE: Jan 1 – Dec 31</th>
<th>HALF YEAR FEE: July 1 – Dec 31</th>
<th>Fee Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – no seating</td>
<td></td>
<td>$140.00</td>
<td>$ 70.00</td>
<td></td>
</tr>
<tr>
<td>1 – 50 seats</td>
<td></td>
<td>$170.00</td>
<td>$ 85.00</td>
<td></td>
</tr>
<tr>
<td>51 – 100 seats</td>
<td></td>
<td>$230.00</td>
<td>$115.00</td>
<td></td>
</tr>
<tr>
<td>101 or more seats</td>
<td></td>
<td>$275.00</td>
<td>$137.50</td>
<td></td>
</tr>
<tr>
<td>Mobile Food Service &amp; Limited Menu Mobile Food</td>
<td></td>
<td>$ 88.00</td>
<td>$ 44.00</td>
<td></td>
</tr>
</tbody>
</table>

**Initial License Fee**: $100.00

Includes the inspection fee

**Total All Fees Above - This is the Amount You Owe**

## SECTION 4: SIGNATURE

Being first duly sworn, I, [name], 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.

Owner/Agent Signature: ____________________________ Date: ____________________________

Subscribed and sworn to before me this _________ day of __________, 20_______. (Seal)

Notary Public: ____________________________ My commission expires: ____________________________

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Rev. 02/2014

APPLICATIONS MUST BE SIGNED AND NOTARIZED TO BE PROCESSED
INSTRUCTIONS

A. No license will be issued until an on-site inspection is conducted and the food establishment is found to be in compliance. Construction plans and plan review questionnaire(s) are required for new establishments or changes to existing establishments 30 days prior to initiating construction. The plans must be submitted to:

SD Dept. of Health, Office of Health Protection, 600 E Capitol Ave, Pierre, SD 57501-1700.

B. 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.

- **Section 1: Establishment information** – Please enter the establishment name, previous establishment name (if applicable), the previous license number (if applicable) along with all ownership information, physical address, directions to the establishment, mailing address, and email address in the top section of the application. Provide the establishment's certified food manager, certification I.D, and the date certified. If a proposed certified manager has not yet completed the certification class please indicate the date enrolled. Please indicate whether the application is for a new business or a change of ownership. If the establishment is only open seasonally, please enter the operational dates along with the initial proposed opening date. Also indicate the type of water and sewer system used by the establishment.

- **Section 2: Food Service – Type of Business** – Mark the type of food service you’re applying for.

- **Section 3: License Fees** – Choose the amount of seating for your establishment and select the appropriate full year or half year fee based on the seating capacity. If unsure, please call 605-773-4945 for assistance.
  1. **Half-year license fees apply only to establishments with an initial opening date occurring after July 1st and before December 31st.** Enter appropriate fee amount in the fee total column.
  2. **Please note the amounts listed include the mandatory inspection fees.**
  3. **The initial license fee will always apply unless this application is for a CHANGE OF OWNERSHIP of an establishment that has operated within the last 12 months and no renovations have taken place or are planned in the immediate future.**

- **Section 4: Signature** - The owner’s signature must be notarized by a duly appointed notary public.

C. Submit the completed license application and the required license fee (checks payable to SD Department of Health, starter checks will not be accepted) to:

SD Department of Health
Office of Health Protection
600 East Capitol Ave
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.

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

**LICENSE EXPIRES DECEMBER 31st OF EACH YEAR**