



FOOD LICENSE APPLICATION

SECTION 1: ESTABLISHMENT INFORMATION

APPLICATION IS FOR: <input type="checkbox"/> NEW BUSINESS OR <input type="checkbox"/> CHANGE OF OWNERSHIP		PROPOSED OPENING DATE:	
ESTABLISHMENT NAME:	PREVIOUS ESTABLISHMENT NAME (if applicable):	PREVIOUS LICENSE #:	
PHYSICAL ADDRESS:	ESTABLISHMENT PHONE:	CELL PHONE:	
CITY:	COUNTY:	STATE:	ZIP:
EMAIL (REQUIRED):			
SEASONAL OPERATION: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates open: From: _____ To: _____	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 2: OWNERSHIP INFORMATION

OWNER NAME (CORPORATION, LLC, SOLE OWNER):	PRIMARY CONTACT NAME:		
MAILING ADDRESS:	OWNER PHONE:	CELL PHONE:	
CITY:	STATE:	ZIP:	
EMAIL:			

SECTION 3: LICENSE INFORMATION

CERTIFIED FOOD SERVICE MANAGER (REQUIRED):	CERTIFICATE ID #	EXPIRATION DATE:
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CHOOSE LICENSE TYPE (SELECT ONE):

<input type="checkbox"/> Food Service Establishment	<input type="checkbox"/> Catering	<input type="checkbox"/> Limited Menu Mobile Food
<input type="checkbox"/> Drive-in or Carry-out	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Bakery	<input type="checkbox"/> Mobile Food Service	<input type="checkbox"/> Other _____

SECTION 4: LICENSING FEES

Seating Category:	Seating Capacity:	FULL YEAR FEE: Jan 1 – Dec 31	HALF YEAR FEE: July 1 – Dec 31 ¹	FEE TOTAL
<input type="checkbox"/> 0 no seating	NA	<input type="checkbox"/> \$140.00	<input type="checkbox"/> \$70.00	
<input type="checkbox"/> 1 – 50 seats		<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$85.00	
<input type="checkbox"/> 51 – 100 seats		<input type="checkbox"/> \$230.00	<input type="checkbox"/> \$115.00	
<input type="checkbox"/> 101 or more seats		<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$137.50	
<input type="checkbox"/> Mobile Food or Limited Menu Food	NA	<input type="checkbox"/> \$88.00	<input type="checkbox"/> \$44.00	
Initial License Fee ² : See Reverse Side for Explanation		<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00	
				TOTAL ALL FEES ABOVE \$ <input type="text"/>

SECTION 5: SIGNATURE

I certify that the information provided is true and accurate. I consent to allow inspections of the food service, lodging, or campground establishment by authorized inspectors during normal business hours upon presentation of identification.

SIGNATURE: _____

DATE: _____

INSTRUCTIONS

A. The license will not be issued until an on-site inspection is conducted and the food establishment is 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 the license.

- **Section 1: Establishment information** – Please indicate whether the application is for a new business or a change of ownership, along with the initial proposed opening date. Enter the establishment name, previous establishment name (if applicable), the previous license number (if applicable), physical address, phone numbers, and email address in the top section of the application. If the establishment is only open seasonally, please enter the operational dates. Also, indicate the type of water and sewer system used by the establishment.
- **Section 2: Ownership information** - Enter the ownership name (corporation or LLC is applicable), primary contact, mailing address, phone numbers, and email address.
- **Section 3: License information** – Provide the establishment's certified food manager, certification ID, and the expiration date. If a proposed certified manager has not yet completed the certification class, please indicate the date enrolled for training. Mark one type of food service you're applying for.
- **Section 4: 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. The yearly inspection fees are included with the license fee. 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 the appropriate fee amount in the fee total column.
²**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 5: Signature** – Once the application has been completed, sign the application.

C. Submit the completed license application and required license fees to:

(NOTE: Make checks payable to the **SD Department of Health**; starter checks will not be accepted)

**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, ascertaining the facts set forth are true and complete, and satisfactory evidence of the applicant's ability to comply with the provisions 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