

# APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Return application and payment to:

A.D.L.M. COUNTIES ENVIRONMENTAL PUBLIC  
 12307 HWY 5 -  
 PO BOX 399  
 MORAVIA, IA 52571-0399

Phone : (641)724-3511

License # : \_\_\_\_\_ Exp Date : \_\_\_\_\_

Date Of Application : \_\_\_\_\_

Type of Application :  NEW  RENEWAL

If new application, business opening date : \_\_\_\_\_

Has ownership changed since last license issued ?  Yes  No

If yes : Previous Owner : \_\_\_\_\_

Business Name : \_\_\_\_\_

Last License Number : \_\_\_\_\_

WATER SOURCE ( check one )  Public water supply

Private Well

Name of Business : \_\_\_\_\_

Owner's Name : \_\_\_\_\_ Phone : \_\_\_\_\_

Physical Address : \_\_\_\_\_ County : \_\_\_\_\_

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

Mailing address for all correspondence if different than above :

Street or Route : \_\_\_\_\_ Phone : \_\_\_\_\_

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

Person-in-Charge : \_\_\_\_\_ Title : \_\_\_\_\_ Phone : \_\_\_\_\_

Ownership structure: Individual :  Partnership\*:  Corporation\*:

\*(Complete next section for partners or corporate officers )

### Establishment Type

Name : \_\_\_\_\_ Title : \_\_\_\_\_

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

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

Name : \_\_\_\_\_ Title : \_\_\_\_\_

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

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

Please check appropriate box.

Other food service establishment (00)  
 Restaurant with liquor (11)  
 Restaurant without liquor (12)  
 Tavern with food preparation (21)  
 Tavern with no food preparation (22)  
 Private/public service institution (includes schools, hospitals & nutrition programs) (50)  
 Commissary or catering (64)

### License Fee Structure

All license fees are based on total gross sales of food and drink covered by that particular license. <b>Schedule B</b> is for Food Service Establishments that also have a Retail Food Establishment license for the same physical address as on this application. Food Service Establishments that <b>do not</b> have a Retail Food Establishment license for the same physical address must pay a license fee based on <b>Schedule A</b> . <b>If highest fee is not selected, Tax or Certified Statement of total gross sales is required.</b>	
Schedule A	Schedule B
For Food Service Establishment license holders that <b>do not</b> have a Retail Food Establishment license for the same physical address. (Please check appropriate box below).	For Establishments with both a Food Service Establishment and a Retail Food Establishment license for the same physical address. To qualify for Schedule B, you must provide your Retail Food Establishment license number. : _____
<input type="checkbox"/> \$67.50 RS-NO RETAIL FOOD \$1 TO \$50,000 <input type="checkbox"/> \$114.50 RS-NO RETAIL FOOD \$50,001 TO \$100,000 <input type="checkbox"/> \$236.25 RS-NO RETAIL FOOD \$100,001 TO \$250,000 <input type="checkbox"/> \$275.00 RS-NO RETAIL FOOD \$250,001 TO \$500,000 <input type="checkbox"/> \$303.75 RS-NO RETAIL FOOD \$500,001 + <input type="checkbox"/> \$0.00 RS SCHOOL	<input type="checkbox"/> \$50.63 RS-WITH RETAIL FOOD \$1 TO \$50,000 <input type="checkbox"/> \$85.88 RS-WITH RETAIL FOOD \$50,001 TO \$100,000 <input type="checkbox"/> \$177.19 RS-WITH RETAIL FOOD \$100,001 TO 250,000 <input type="checkbox"/> \$206.25 RS-WITH RETAIL FOOD \$250,001 TO \$500,000 <input type="checkbox"/> \$227.81 RS-WITH RETAIL FOOD \$500,001

Any change in Ownership Requires a New License. Licenses are **Not** Transferable.

Make Check or Money Order Payable to :

**A.D.L.M. COUNTIES ENVIRONMENTAL PUBLIC**

Signature of Applicant : \_\_\_\_\_

Title of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_

FOR OFFICE USE ONLY

CK # : \_\_\_\_\_

\$ : \_\_\_\_\_

CK Date : \_\_\_\_\_