

# Application for Food Service Establishment License

*Make check payable to:*

Cerro Gordo County Department of Public Health  
 22 North Georgia, Suite 300  
 Mason City, IA 50401  
 Phone (641) 421-9336

Date of Application: \_\_\_\_\_

Type of application: \_\_\_\_\_ Renewal  
 \_\_\_\_\_ New → opening date \_\_\_\_\_

\_\_\_\_\_ Change of ownership → opening date \_\_\_\_\_

Previous owner & business name: \_\_\_\_\_

Water Source (check one)

\_\_\_ Public water supply    \_\_\_ Private well

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

Owner's Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Establishment Address: \_\_\_\_\_ County: \_\_\_\_\_

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

*Mailing address for all correspondence if different than above:*

Street: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

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

Person-in-charge: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Ownership Structure: \_\_\_ Individual \_\_\_ Partnership\* \_\_\_ Corporation\*    \*(complete next section)

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

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

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

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

**ESTABLISHMENT TYPE** (check appropriate line)    \_\_\_ Restaurant with liquor    \_\_\_ Restaurant without liquor  
 \_\_\_ Tavern with food preparation    \_\_\_ Tavern with no food preparation    \_\_\_ Commissary or Cater  
 \_\_\_ Private/Public Service Institution (schools, hosp., nutrition programs)

All license fees are based on total gross sales of food & drink covered by that particular license. Schedule B is for Food Service Establishments that also have a Retail Food license for the same physical address as on this application. Food Service Establishments that do not have a Retail Food Establishment license for the same physical address, must pay a license fee based on Schedule A.

**Schedule A**

For Food Service Establishment license holders that do not have a retail food establishment license for the same physical address.

\_\_\_ \$67.50 Annual Sales of \$1 to \$50,000  
 \_\_\_ \$114.50 Annual Sales of \$50,000 to \$100,000  
 \_\_\_ \$236.25 Annual Sales of \$100,000 to \$250,000  
 \_\_\_ \$275.00 Annual Sales of \$250,000 to \$500,000  
 \_\_\_ \$303.75 Annual Sales of \$500,000 or more

**Schedule B**

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 \_\_\_\_\_.

\_\_\_ \$50.63 Annual gross sales of \$1 to \$50,000  
 \_\_\_ \$85.88 Annual gross sales of \$50,000 to \$100,000  
 \_\_\_ \$177.19 Annual gross sales of \$100,000 to \$250,000  
 \_\_\_ \$206.25 Annual gross sales of \$250,000 to \$500,000  
 \_\_\_ \$227.81 Annual gross sales of \$500,000 or more

\*\*\*ANY CHANGE IN LOCATION OR OWNERSHIP REQUIRES A NEW LICENSE. LICENSES ARE NOT TRANSFERABLE OR REFUNDABLE.\*\*\*

I have made a diligent search of my records, and to the best of my knowledge, I certify that the enclosed license fee submitted for this license represents my total gross sales volume.

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

For Office Use Only

ck date \_\_\_\_\_ \$ \_\_\_\_\_ ck # \_\_\_\_\_