

Application for Retail Food Establishment License

Make check payable to:

North Central Iowa Regional Inspection Division
 22 North Georgia, Suite 300
 Mason City, IA 50401

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) ___ Super Market/Grocery Store ___ Convenience Store
 ___ Bakery ___ Fruit & Vegetable Market ___ Candy Maker ___ Other Food Retailer

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

Schedule A

For Retail Food Establishments that do not have a food service establishment license for the same physical address.

___ \$40.50 Annual Sales of \$1 to \$9,999
 ___ \$101.25 Annual Sales of \$10,000 to \$249,999
 ___ \$155.25 Annual Sales of \$250,000 to \$499,999
 ___ \$202.50 Annual Sales of \$500,000 to \$749,999
 ___ \$303.75 Annual Sales of \$750,000 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 food service establishment license number _____.

___ \$30.38 Annual gross sales of \$1 to \$9,999
 ___ \$75.94 Annual gross sales of \$10,000 to \$249,999
 ___ \$116.44 Annual gross sales of \$250,000 to \$499,999
 ___ \$151.88 Annual gross sales of \$500,000 to \$749,999
 ___ \$227.81 Annual gross sales of \$750,000 or more

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

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 # _____