



# Food Selling and Food Processing Permit Application

Permit Effective January 1 through December 31  
 (Permit Expires Each Year on December 31)

*Please type or print in ink*

Establishment Name: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_  
 Establishment Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Manager Name: \_\_\_\_\_  
 Owner Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Billing Name: \_\_\_\_\_ Billing Phone No.: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If establishment has changed name, list previous name: \_\_\_\_\_  
 Email: \_\_\_\_\_

*Please mark appropriate square footage of food selling, food processing, and storage area.*

	A Food Selling*	B Food Processing**
Food Selling 250 square feet or less.....	\$92	
Annual Permit Fee more than 250 square feet .....	\$181	\$181
Additional Fees for:		
Area over 1,000 square feet but less than 5,000 feet..... \$92	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Area over 5,000 square feet ..... \$181	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Total square footage _____		
<b>Total Due:</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>A and B Total:</b>	<b>\$ _____</b>	

Check here if you are processing (cutting) meat—*No Additional Charge*

**\*Food Selling** is defined as retail grocery, no repackaging done to food. **\*\*Food Processing** is defined as changing or repackaging, actually processing food.

Signed: \_\_\_\_\_

Proposed Opening Date: \_\_\_\_\_

**OFFICE USE ONLY:** \_\_\_\_\_

**Make check payable to:** City of Sioux Falls

**Mail to:** Sioux Falls Health Department  
 521 North Main Avenue, Suite 101  
 Sioux Falls, SD 57104-5963

Amount Received: \_\_\_\_\_  
 Receipt No.: \_\_\_\_\_  
 Date: \_\_\_\_\_