

SOUTH DAKOTA DEPARTMENT OF HEALTH FOOD LICENSE APPLICATION

PLEASE TYPE OR PRINT IN BLACK OR BLUE INK (SEE BACK FOR INSTRUCTIONS)

SECTION 1: ESTABLISHMENT INFORMATION				
ESTABLISHMENT NAME		LIST PREVIOUS ESTABLISHMENT NAME		OLD LIC. #
CORPORATION/OWNER NAME		CORPORATE CONTACT / PHONE	ESTABLISHMENT PHONE	CELL PHONE
ESTABLISHMENT PHYSICAL ADDRESS (NO PO BOX #'S)			CITY	STATE
IF RURAL LOCATION, GIVE DIRECTIONS FROM NEAREST CITY			COUNTY	
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS)			CITY	STATE
EMAIL ADDRESS				
CERTIFIED FOOD SERVICE MANAGER		CERTIFICATE ID #		DATE CERTIFIED
APPLICATION IS FOR: <input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> CHANGE OF OWNERSHIP	SEASONAL: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Dates Open From: _____ to: _____	PROPOSED OPENING DATE _____	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: FOOD SERVICE – Type of Business (Choose 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 3: LICENSING FEES				
Seating Category:	Seating Capacity:	FULL YEAR FEE: Jan 1 – Dec 31	HALF YEAR FEE: July 1 – Dec 31 ¹	FEE TOTAL Complete all that apply
<input type="checkbox"/> 0 – no seating		<input type="checkbox"/> \$140.00	<input type="checkbox"/> \$ 70.00	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
<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 Service & Limited Menu Mobile Food	_____	<input type="checkbox"/> \$ 88.00	<input type="checkbox"/> \$ 44.00	
Initial License Fee³: See Reverse Side For Explanation		<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
				TOTAL ALL FEES ABOVE - THIS IS THE AMOUNT YOU OWE <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">\$</div> <div style="border: 2px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>

SECTION 4: SIGNATURE	
<i>Being first duly sworn, I, as the owner or the owner's agent with legal authority to bind the owner, verify that the information contained in this application is true and complete, and I consent to allow inspections of the food service, lodging, or campground establishment by authorized inspectors during normal business hours upon the presentation of identification.</i>	
Owner/Agent Signature	Date:

Subscribed and sworn to before me this _____ day of _____, 20_____.	(Seal)
Notary Public	My commission expires:

INSTRUCTIONS

A. No license will be issued until an on-site inspection is conducted and the food establishment is found to be 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 a license.

- **Section 1: Establishment information** – Please enter the establishment name, previous establishment name (if applicable), the previous license number (if applicable) along with all ownership information, physical address, directions to the establishment, mailing address, and email address in the top section of the application. Provide the establishments certified food manager, certification I.D, and the date certified. If a proposed certified manager has not yet completed the certification class please indicate the date enrolled. Please indicate whether the application is for a new business or a change of ownership. If the establishment is only open seasonally, please enter the operational dates along with the initial proposed opening date. Also indicate the type of water and sewer system used by the establishment.

- **Section 2: Food Service – Type of Business** – Mark the type of food service you're applying for.

Section 3: 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. 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 appropriate fee amount in the fee total column.**

²**Please note the amounts listed include the mandatory inspection fees.**

³**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 4: Signature** - The owner's signature must be notarized by a duly appointed notary public.

C. Submit the completed license application and the required license fee (checks payable to **SD Department of Health**, starter checks will not be accepted) to:

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