SCOTT COUNTY HEALTH DEPARTMENT
Administrative Center
600 West 4th Street
Davenport, Iowa 52801-1030
Office: (563) 326-8618 Fax: (563) 326-8774
www.scottcountyiowa.com/health

APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE

A **Retail Food Establishment License** is a food establishment that sells food or food products to consumer customers intended for preparation or consumption off the premises. A license is not transferable or refundable and any change in location or ownership requires a new license**.**

Complete the application below and send it with payment to the Scott County Health Department at the above address. Please call the inspector at least 24 hours prior to the opening date to set up a time for the inspection.

Opening Date: _____ - New Establishment

Date Application Submitted: _____ - Change of Owner

Establishment type: (Please check one)

- Convenience Store
- Supermarket
- Bakery
- Fruit & Vegetable Market
- Candy Maker
- Other Food Retailer

Establishment Name: _____ Phone: _____

Person in Charge: _____

Physical Address:_____
Street City State Zip

Mailing Address: _____
Street City State Zip

Name of Owner/Corporation: _____

Address of Owner: _____
Street City State Zip

Make Check Payable To: Scott County Treasurer

The license fee is based on the total gross sales of food and drink items in your licensed food establishment operation. Sales of beer and other alcoholic beverages should be included in the determination of your gross food sales. Sales of non-food items should be excluded in the determination of your license fee.

Schedule B is for those Retail Food Establishments that also have a Food Service Establishment for the same physical address as on this application and is also under the same ownership. All other Retail Food Establishments must pay a license fee based on Schedule A.

License Fee: $_____

Schedule A For Annual Gross Sales of:		Schedule B For Annual Gross Sales of:	
$ 750,000 and Over	$303.75	$ 750,000 and Over	$227.81
$ 500,000 to $749,999	$202.50	$ 500,000 to $749,999	$151.88
$ 250,000 to $499,999	$155.25	$ 250,000 to $499,999	$116.44
$ 10,000 to $249,999	$ 101.25	$ 10,000 to $249,999	$ 75.94
$ 1 to $9,999	$ 40.50	$ 1 to $9,999	$ 30.38

_____ _____
Signature of Applicant **Date**

The Scott County Health Department reserves the right to approve, accept, disapprove or reject this instrument for a reasonable period of time and attaches no legal right or obligation to the immediate processing of remittance.

07/07 lrg