



Scott County Health Department

600 W. 4th Street | Davenport, IA 52801-1030 | P. 563-326-8618 | F. 563-326-8774
health@scottcountyiowa.com | www.scottcountyiowa.com/health

APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

A **Food Service Establishment** is a food establishment where food is prepared or served for individual portion service intended for consumption on the premises or subject to Iowa sales tax as provided in Iowa Code section 422.45. 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.

Date Application Submitted: _____ Opening Date: _____

Establishment Name: _____

Establishment Phone: _____ Establishment Fax: _____

Establishment Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Name of Owner/Corporation: _____ Owner's Phone: _____

Owner's email: _____

Address of Owner: _____
Street City State Zip

Person in Charge/Onsite Manager: _____ Phone: _____

Person in Charge/Onsite Manager's email: _____

Name of Certified Food Protection Manager: _____

Approved class: _____ Certification #: _____

Expiration Date: _____



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If your establishment meets one of the following, you pay the maximum fee:

- New construction
- New food business in an existing physical structure that was not a previous food establishment
- Opening a food business that has been non-operational for more than 3 months
 List the name of the previous owner: _____
- Opening a new food business in a food facility that has been in operation within the last 3 months and there will be a significant menu or food service style change.
 List the name of the previous owner: _____

If your establishment does not meet one of the above items, you pay the fee based on the total gross sales of food and drink items in your licensed establishment. Proof of the gross sales must accompany this application, otherwise the maximum fee must be paid.

- Sales of beer and other alcoholic beverages should be included in the determination of your gross sales
- Sales of non-food items should be excluded in the determination of your license fee
- Schedule B is for those Food Service Establishment that also have a Retail Food Establishment for the same physical address listed on this application, and that are under the same ownership
- All other Food Service Establishments must pay a license fee based on Schedule A
- **Make Check Payable To: Scott County Treasurer**

License Fee: \$ _____

Schedule A	Schedule B
For Annual Gross Sales of:	For Annual Gross Sales of:
\$ 500,000 and Over \$303.75	\$ 500,000 and Over \$227.81
\$ 250,000 to \$499,999 \$275.00	\$ 250,000 to \$499,999 \$206.25
\$ 100,000 to \$249,999 \$236.25	\$ 100,000 to \$249,999 \$177.19
\$ 50,000 to \$99,999 \$ 114.50	\$ 50,000 to \$99,999 \$ 85.88
\$ 1 to \$49,999 \$ 67.50	\$ 1 to \$49,999 \$ 50.63

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.