

DHH/OPH/FOOD AND DRUG UNIT
ANNUAL PERMIT FEE ASSESSMENT WORKSHEET
RETURN THIS WORKSHEET
THIS IS NOT A BILL

PERMIT # _____

FIRM NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

THE ANNUAL PERMIT FEE FOR A FOOD, DRUG OR COSMETIC MANUFACTURING, PROCESSING OR PACKING FIRM IS BASED ON ANNUAL SALES OF FOOD, DRUG OR COSMETIC PRODUCTS PRODUCED BY THE FIRM. THE INFORMATION TO BE REPORTED TO THE OFFICE OF PUBLIC HEALTH IS NECESSARY IN ORDER FOR THE AGENCY TO DETERMINE THE ANNUAL FEE FOR A PERMIT TO OPERATE FOR THE ABOVE-REFERENCED FIRM.

LA. SALES TAX ACCOUNT: _____ (if applicable) YEAR: _____

NUMBER OF MONTHS REPORTING: MONTHS QUARTERS YEAR

A. GROSS REVENUE (TOTAL OF ALL SALES): \$ _____

B. REVENUE FROM FOOD, DRUG, OR COSMETIC SALES: \$ _____

C. REVENUE FROM OTHER SOURCES: \$ _____

NOTE: ITEM (A) ABOVE MUST BE PROVIDED; ITEM (B) OR (C) MUST BE PROVIDED.

FAILURE TO COMPLETE THIS FORM AND RETURN IT TO THE PERMIT UNIT WITHIN 120 DAYS OF THE ISSUANCE OF THE TEMPORARY PERMIT (FOR NEW ESTABLISHMENTS) OR BETWEEN APRIL 1 AND APRIL 30 (FOR RENEWALS) WILL RESULT IN THE ASSESSMENT OF THE MAXIMUM FEE OF \$1,375.

UPON RECEIPT OF THIS WORKSHEET, YOUR ACTUAL PERMIT FEE WILL BE ASSESSED AND YOU WILL BE INVOICED FOR THE AMOUNT DUE.

OWNER/PREPARER: _____ DATE: _____

RETURN TO DHH/OPH PERMIT UNIT, P.O. BOX 4489, BIN #10, BATON ROUGE, LA 70821-4489 or FAX TO 225-342-7807. IF YOU HAVE QUESTIONS ABOUT THIS DOCUMENT, PLEASE CALL 225-342-7522.

FOR AGENCY USE ONLY

PERMIT UNIT
Permit Class: _____
Date: _____
Amount Due: _____
Processed by: _____

Sanitarian _____
Registration No. _____
Date: _____