State of Louisiana

Department of Health
Center for Environmental Health Services

RETURN THIS WORKSHEET
THIS IS NOT A BILL

BUSINESS/CORP NAME:_____PERMIT #:_____

ESTABLISHMENT NAME:_____

ESTABLISHMENT ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

THE FEE SCHEDULE FOR GROCERY STORES IS DETERMINED BY CALCULATING THE PERCENTAGE OF SALES OF FOOD ITEMS FROM THE GROSS REVENUE. THIS INFORMATION IS TO BE TAKEN FROM THE STATE OF LOUISIANA REVENUE FORM FILED FOR THE BUSINESS EITHER MONTHLY, QUARTERLY, OR YEARLY.

THE INFORMATION IS FURNISHED TO THE OFFICE OF PUBLIC HEALTH FOR USE IN DETERMINING THE ANNUAL PERMIT FEE FOR A RETAIL FOOD PERMIT TO OPERATE FOR THE ABOVE NAMED ESTABLISHMENT.

LA. SALES TAX ACCT. NO.:_____YEAR:_____

NUMBER OF MONTH(S) REPORTING:_____MONTHS (1-12) ____ QUARTERLY (1-4) ____YEARLY (1)

A: **GROSS REVENUE** (TOTAL OF ALL SALES): _____

B: **NON-GROCERY SALES** _____-
(LOTTERY, GAS, EQUIPMENT, PHARMACEUTICALS, CIGARETTES)
AND/OR

C: **GROCERY SALES** (LIQUOR, BEER, WINE, FOOD): _____=

D: **GROCERY PERCENTAGE** (DIVIDED BY A, TIMES 100): _____**%**

NOTE: PART "A" MUST BE PROVIDED.
PART "B" **OR** PART "C" MUST BE PROVIDED.

FAILURE TO COMPLETE THIS FORM AND RETURN IT TO OPH WITHIN 120 DAYS OF THE ISSUANCE OF THE TEMPORARY PERMIT (FOR NEW ESTABLISHMENTS) OR YEARLY BETWEEN MARCH 1 AND APRIL 30 (FOR RENEWALS) WILL RESULT IN THE ASSESSMENT OF MAXIMUM FEES OF $750.00.

UPON RECEIPT OF THIS FORM, YOUR ACTUAL FEE WILL BE ASSESSED AND YOU WILL BE INVOICED FOR THE AMOUNT DUE. THE MINIMUM FEE CHARGED FOR GROCERS IS $112.50.

OWNER/PREPARER:_____DATE:_____

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