



Southern Seven Health Department
Environmental Health Division
37 Rustic Campus Drive
Ullin, IL 62992
(618) 634-2297

FEE SCHEDULE

CODE	FOOD PROGRAM	FEE	✓
P0001	Category I Permit – Prorated: _____ months x \$16.00	_____ \$200.00	
P0002	Category II Permit – Prorated: _____ months x \$14.00	_____ \$175.00	
P0003	Category III Permit – Prorated: _____ months x \$10.00	_____ \$125.00	
L1000	Late Food Permit Fee	\$150.00	
L1001	Late Food Permit Fee (over 30 days late)	\$50.00	
PTEMP	Temporary Food Permit (up to 14 days)	\$75.00	
PSEAS	Seasonal Food Permit (up to 6 months)	\$100.00	
F0001	First Follow-Up Inspection	N/A	
F0002	Second Follow-Up Inspection	\$100.00	
F0003	Third Follow-Up Inspection	\$200.00	
E1005	Plan Review of Construction	\$150.00	
E1007	Replace Lost Food Permit	\$10.00	
SM001	First Smoking Citation	\$250.00	
SM002	Second Smoking Citation	\$500.00	
E1032	Operating Without a Valid License	\$250.00	
C0001	Cottage Food Registration	\$50.00	
C0002	Cottage Food Complaint Investigation	\$100.00	
CODE	SEWAGE PROGRAM	FEE	✓
E1019	Private, Conventional Sewage Disposal System Permit	\$200.00	
E1028	Subdivision Plat Review	\$150.00	
CODE	WATER PROGRAM	FEE	✓
E1029	Water Well Sealing	\$100.00	
E1031	Closed Loop Well Sealing Permit	\$100.00	
E1001	Water Test Kit (Pickup at Southern Seven)	\$20.00	
E1016	Water Test Collection (Onsite)	\$50.00	
RTNCK	Returned Check (A \$25 fee will be charged for all returned checks)	\$25.00	
<i>All permit fees shall be non-transferable and non-refundable once a permit has been issued by the Health Department.</i>			

RECEIPT

Client Name: _____ **Business Name:** _____
Address: _____ **Address:** _____
City: _____ **State:** _____ **Zip:** _____ **City:** _____ **State:** _____ **Zip:** _____
Total Charge: _____ **Permit Number:** _____
Amount Paid: _____ Cash Credit Card Check **Check Number:** _____
Inspector Signature: _____ **Date:** _____