



Food Service Fee Proposal

Baldwin County Commissioners Presentation



We Protect Lives.

Current Food Service Fees

County	Group	Fee Type	Fee
Baldwin	Food	Temporary Food Service Inspection Fee	\$ 30.00
Baldwin	Food	Food Annual Inspection Fee (0-50 seats)	\$ 150.00
Baldwin	Food	Food Annual Inspection Fee (51-100 seats)	\$ 200.00
Baldwin	Food	Food Annual Inspection Fee (100+ seats)	\$ 250.00
Baldwin	Food	Food Plan Review	\$ 150.00

Proposed Fee Structure

Structure would be the same for all counties

Fee Type Urban Counties	Fee
Annual Fee Base of Operation U	\$ 340.00
Annual Fee Extended Food Service U	\$ 340.00
Annual Fee Mobile Food Service Unit U	\$ 340.00
Annual Fee Type 1 (A) U	\$ 150.00
Annual Fee Type 1 (B) U	\$ 175.00
Annual Fee Type 1 (C) U	\$ 195.00
Annual Fee Type 2 (A) U	\$ 340.00
Annual Fee Type 2 (B) U	\$ 395.00
Annual Fee Type 2 (C) U	\$ 450.00
Annual Fee Type 3 (A) U	\$ 355.00
Annual Fee Type 3 (B) U	\$ 405.00
Annual Fee Type 3 (C) U	\$ 470.00
Change of Ownership Site Visit	\$ 100.00
Food Service name change only	\$ 75.00
Late Fee	\$ 100.00
Non-Public water supply annual fee (does not include extension fee)	\$ 200.00
Plan Review For Mobile Base of Operation	\$ 200.00
Plan Review for Mobile Unit / Extended Food Service	\$ 100.00
Plan Review Type 1 U	\$ 165.00
Plan Review Type 2 U	\$ 215.00
Plan Review Type 3 U	\$ 265.00
Reinspection request (30 Day)	\$ 100.00
Site Visit Fee	\$ 75.00
Temporary	\$ 75.00
Temporary - Additional Cost Per Day	\$ 20.00

Proposed Fee Structure and Fees

NCHD Determination of fees for Food Service Establishments (Urban)

Facility Name: _____ Permit Number: _____

Address: _____ Date: _____

City: _____

1.	Number of Seats	Points	2.	Number of Meals Served	Points
	0-25	1		One Meal Daily	1
	26-50	2		Two Meals Daily	2
	51-100	3		Three Meals Daily	3
	101-200	4		24 Hours Service	4
	Over 200	5			

3.	Number of Served Daily	Points	4.	Number of Employees	Points
	1-50	1		1-5	1
	51-100	2		6-25	2
	101-200	3		26-50	3
	201-500	4		51-75	4
	501-800	5		76-100	5
	Over 800	6		Over 100	6

Total Points: _____

Annual Fee	Point Range			Plan Review Fee	
Risk Category	4-8 (A)	9-14 (B)	15+ (C)	New Facility/Remodel	
Risk Type 1	\$150	\$175	\$195	Risk Type 1	\$165
Risk Type 2	\$340	\$395	\$450	Risk Type 2	\$215
Risk Type 3	\$355	\$405	\$470	Risk Type 3	\$265

Total Fee Due: \$ _____

Date Paid: _____

Amount Paid: _____

Check #: _____

___ Cash ___ MC ___ Visa ___ Discover

Invoice Number: _____



Proposed Fees

Points are awarded based on answers to application questions

NCHD Determination of fees for Food Service Establishments

Facility Name: New Restaurant Permit Number: FSP-
 Address: 1000 New St Date: 1-29-2022
 City: New Town

1.	Number of Seats	Points	2.	Number of Meals Served	Points
	0-25	1		One Meal Daily	1
	26-50	2		Two Meals Daily	2
	51-100	3		Three Meals Daily	3
	101-200	4		24 Hours Service	4
	Over 200	5			

3.	Number of Served Daily	Points	4.	Number of Employees	Points
	1-50	1		1-5	1
	51-100	2		6-25	2
	101-200	3		26-50	3
	201-500	4		51-75	4
	501-800	5		76-100	5
	Over 800	6		Over 100	6

Total Points: 13

Risk Type is determined by the Food Code

Annual Fee	Point Range			Plan Review Fee	
Risk Category	4-8 (A)	9-14 (B)	15+ (C)	New Facility/Remodel	
Risk Type 1	\$150	\$175	\$195	Risk Type 1	\$165
Risk Type 2	\$340	\$395	\$450	Risk Type 2	\$215
Risk Type 3	\$355	\$405	\$470	Risk Type 3	\$265

Total Fee Due: \$ \$ 395.00

Fee is determined by total points and Risk Type

Date Paid: _____

Amount Paid: _____

Check #: _____

___ Cash ___ MC ___ Visa ___ Discover

Invoice Number: _____



We Protect Lives.

Impact of New Fees Based on 50 Random Sample

Fees Collected

Old Fees \$7,500.00

New Fees \$17,925.00

Difference \$10,425.00