

HEALTH PERMIT FEES

Effective August 1, 2006

| PERIOD | EMPLOYEES | TYPE | FEE |
|---|---|----------|---|
| January – March April – June July – September October – December | MORE THAN 101 EMPLOYEES 75% 50% 25% | A | \$780.00 \$585.00 \$390.00 \$195.00 |
| January – March April – June July – September October – December | 51 – 100 EMPLOYEES 75% 50% 25% | B | \$630.00 \$472.50 \$315.00 \$157.50 |
| January – March April – June July – September October – December | 26 – 50 EMPLOYEES 75% 50% 25% | C | \$480.00 \$360.00 \$240.00 \$120.00 |
| January – March April – June July – September October – December | 10 – 25 EMPLOYEES 75% 50% 25% | D | \$330.00 \$247.50 \$165.00 \$82.50 |
| January – March April – June July – September October – December | 1 – 9 EMPLOYEES 75% 50% 25% | E | \$205.00 \$153.75 \$102.50 \$51.25 |
| January – March April – June July – September October – December | MOBILE UNITS 75% 50% 25% | K | \$100.00 \$75.00 \$50.00 \$25.00 |
| January – March April – June July – September October – December | FROZEN DESSERTS 75% 50% 25% | M | \$100.00 \$75.00 \$50.00 \$25.00 |
| | TEMPORARY EVENTS | N | \$35.00 1 ST DAY \$15.00 EACH ADDITIONAL DAY \$70.00 LATE FEE |
| | SWIMMING POOLS DAY CARE/FOSTER HOMES | P | \$125.00 \$50.00 |

* Make check payable to the: City of Corpus Christi