

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT
HEALTH DEPARTMENT



FOOD ESTABLISHMENT: Name _____ Telephone _____

Mailing Address _____

Location _____ Hours of Operation _____

APPLICANT: Name _____ Age \$18? ___ Yes ___ No Telephone _____

Mailing Address _____

PERMIT HOLDER: Permit to be issued to: Applicant Other Legally Responsible Entity _____

OWNERSHIP: Individual Association Corporation Partnership Other Legal Entity

Persons comprising legal ownership (Owners, Officers, Local Resident Agent): Continue on reverse if necessary.

Names, Titles, Addresses: _____

PERSON DIRECTLY RESPONSIBLE FOR ESTABLISHMENT (MANAGER, PERSON-IN-CHARGE):

Name _____ Title _____ Telephone _____

Address _____

IMMEDIATE SUPERVISOR OF PERSON DIRECTLY RESPONSIBLE (ZONE, DISTRICT, REGIONAL SUPERVISOR):

Name _____ Title _____ Telephone _____

Address _____

TYPE ESTABLISHMENT: Mobile or Stationary Permanent or Temporary (# 14 days)

Restaurant (includes fast food, caterer, commissary, concession stand, bed & breakfast inn, camp, feeding site)

Retail food store (grocery store, convenience store, meat market) p No. of Checkout Stations: _____

Retail food store specialty dept. (deli, bakery, seafood)

Institution (hospital, jail, school, child care center, adult care center, nursing home, personal care home)

Bar or Tavern Vending Food Bank

Meals/Services Provided: Breakfast Lunch Dinner Sit Down Take Out Delivery Mail Order

Seating Capacity = _____ Average number of meals served per day = _____

___ Yes ___ No Serve highly susceptible population? (preschool children or immunocompromised or older adults in a facility that provides health care or assisted living services - day care center; hospital; nursing home; personal care home)

TYPE OPERATION: Attach sample menu or list menu on reverse.

(PHF = potentially hazardous food; food that requires temperature control.)

No PHF Prepackaged non-PHF only or limited prep of non-PHF.

Limited 1 or 2 main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF. Limited advance prep. for next day service. Raw ingredients require minimal assembly. Includes retail food stores (excluding specialty depts.)

Full Preparing PHF using 2 or more steps which may include cooking, cooling, reheating, hot and cold holding, freezing, or thawing. Extensive handling of raw ingredients. Advance prep. for next day service. Includes retail food store specialty depts.

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date _____

Signature of Applicant _____

FOR HEALTH DEPARTMENT USE ONLY			
Date Received: _____	Reviewed By _____	Permit Fee _____	
Permit <input type="checkbox"/> Issued <input type="checkbox"/> Denied	Date _____	Permit No. _____	Comments _____