



## MOBILE FOOD PERMIT **RENEWAL** PACKET

**If your prior permit has been expired for 6 months or longer, you MUST complete the NEW MOBILE FOOD PERMIT PACKET.**

### **Submission Checklist**

Please be sure you have included all the following prior to submitting.

- Completed **Application for a Permit to Operate a Food Establishment** (SF-5) – (page 2)
- Completed Required Documentation (page 3-4)
- Include copy of Certificate(s) for all person(s) listed as ANSI/CFPM certified on the Required Documentation page – (see page 3)
- Include copy of Food Handlers Cards for person(s) listed on the Required Documentation page (see page 4)
- Include Renewal Fee** of \$125.00 - (see page 5). Permitting process cannot begin until account is paid in full.
- Submit** completed packet via email to Patti.J.Richardson@wv.gov or you fax, mail, or drop off at our office.

### **PLEASE NOTE:**

- Applications are due at least 30 days prior to permit expiration date.
- Incomplete packets will be returned.



**APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT**

**Food Establishment:** \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing \_\_\_\_\_

Location \_\_\_\_\_ Hours of \_\_\_\_\_

**Applicant:** \_\_\_\_\_ Age ≥ 18?  Yes  No Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing \_\_\_\_\_ Email \_\_\_\_\_

**Permit Holder:** Permit to be issued to:  Applicant  Corporation  Partnership  Other \_\_\_\_\_

**Ownership:**  Individual  Association  Corporation  Partnership  Other Legal \_\_\_\_\_

Provide the Name, Title, and Address of each person comprising legal ownership (Owners, Officers, Local Resident Agent, etc).

\_\_\_\_\_

\_\_\_\_\_

**Person Directly Responsible for Establishment (Manager, Person-In-Charge):**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Immediate Supervisor of Person Directly Responsible (Zone, District, Regional Supervisor):**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Mailing 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, etc.

**Retail Food Store** - grocery store, convenience store, meat market, etc. Indicate Number of Checkout Stations: \_\_\_\_\_

**Retail Food Store Specialty Department** - deli, bakery, seafood, etc.

**Institution** - child care center, hospital, jail, nursing home, personal care home, school, etc.

**Bar or Tavern**  **Vending Machine(s)**  **Food Bank / Food Pantry**

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

Seating Capacity: \_\_\_\_\_ Average number of meals served per day: \_\_\_\_\_

Yes  No Serve Highly Susceptible Population (HSP)?

HSP includes: preschool children, child care facilities, immunocompromised or older adults, nursing home or assisted living facilities, hospitals, etc.

**Type Operation:** Attach sample menu or list menu on reverse. PHF means Potentially Hazardous Food, those requiring temperature controls.

**No PHF** Prepackaged non-PHF only or limited preparation of non-PHF

**Limited** One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF. Limited advanced preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores, Excluding specialty departments within retail food stores.

**Full** Preparing PHF using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing. Extensive handling of raw ingredients. Advanced prep for next day service. Includes specialty departments in retail food

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  Issued  Denied Date \_\_\_\_\_ Permit No. \_\_\_\_\_ Comments \_\_\_\_\_

## Required Documentation

### ANSI accredited **Certified Food Protection Manager**

**Certified Food Protection Manager (CFPM)** - Jefferson County requires the person in charge to have an ANSI-accredited CFPM and to be on site during all hours of operation at all food establishments unless only commercially processed, prepackaged food is handled and sold. You must have at least one CFPM prior to opening your establishment. **Those holding an ANSI-accredited CFPM are not required to obtain a food handler's card.** See the link below and read the CFPM section in red.

<https://www.jchdvw.org/food-safety/food-handlers-cards/>

**Please list below** - all individuals with a current ANSI accredited CFPM Certificates.

**You must submit a copy with your package, of all non-expired ANSI accredited CFPM certificates for each person listed below.**

First and Last Name of ANSI/CFPM	First and last name of ANSI/CFPM

# Required Documentation (continued)

## Food Handler Cards

**Food Handlers cards** - Per the Jefferson County Board of Health, every employee serving, storing, or selling potentially hazardous foods or working with unpackaged food, food equipment, or utensils, or food contact surfaces in an establishment that is required to have a food establishment permit, including temporary food vendors **must** have a food handler's card, issued by the Jefferson County Health Department or a WV State food handler's card. Cards must be obtained within 30 days of hiring. See the link below for instructions on how to obtain your card:

<https://www.jchdvw.org/food-safety/food-handlers-cards/>

- Food cards **must be obtained prior** to submitting this application.
- Those holding a current ANSI accredited CFPM certification are not required to obtain a food card.

**Please list below** - all food handlers that meet the above definition of a Food Handler.

You must submit a copy of non-expired food handler's card for each person listed below.

First and Last Name of Food Handler	First and Last Name of Food Handler



## Payment Options and Submission

**Check Payments:** Please make checks payable to Jefferson County Health Department and include a phone number on the top of the check. Mail along with your completed packet to the address above or drop in the lock box outside our back door marked Environmental.

**Credit Card Payments:** **There is a 3.99% fee on all credit card payments.**

**Pay Via Form Below:** Complete the credit card section below and email, fax, mail or drop in the lock box outside our back door marked Environmental, along with packet.

**Pay Online:** This option is only available once your form has been received. Please note that you will need to input your invoice number to process payment online.

Visit our website <https://www.jchdww.org/environmental-health/>

and click on [Pay for PERMITS Online](#)

### **PLEASE NOTE:**

We are unable to accept credit card payments over the phone.

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### **Credit Card Payment:**

**There is a 3.99% fee on all credit card payments.**

Card Holder Name: \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_