

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Food Establishment: Name _____ Phone _____ Fax _____
Mailing Address _____
Location _____ Hours of Operation _____

Applicant: Name _____ Age ≥ 18? Yes No Phone _____ Fax _____
Mailing Address _____ Email _____

Permit Holder: Permit to be issued to: Applicant Corporation Partnership Other Legal Entity _____

Ownership: Individual Association Corporation Partnership Other Legal Entity _____

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 stores.

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 _____