



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 _____