



**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 \_\_\_\_\_