

2017 Food Permit Renewal Notice

It is now time to renew your food permit for the calendar year of 2017. A renewal application is included in this packet for your convenience in re-applying for this permit. Please complete the form and return via standard mail with the appropriate fee. Please contact our office if you have questions about your 2017 renewal fee at: kim.greenslate@lpha.mo.gov. Fees are calculated at \$2.00 per seat, or a minimum of \$50.00. Establishments with no seating or seating less than 25, convenience stores and grocery stores will remit the minimum fee of \$50.00. Please verify your seating count and remit fees accordingly. This permit fee is due ***upon receipt of this letter*** and will become delinquent **February 28, 2017**. In the event you have not obtained your permit by February 28th, **you will be asked to close your establishment, effective March 1, 2017.**

Attention: All establishments must have at least one (1) Certified Food Protection Manager on duty at all hours of operation in accordance with the current Food Code. A list of approved, accredited Certified Food Protection Manager Classes are attached to this letter. The Christian County Health Department currently does not offer in house training at this time.

Check List for returning application packet:

1. Renewal Application
2. Copies of Food Protection Manager Certificates
3. Fee

Please complete the 2017 RENEWAL FOR FOOD ESTABLISHMENT PERMIT application in its entirety. Our office requires an e-mail address and fax number from your establishment to enable us to forward information concerning food and product recalls and responses to emergencies such as ices storms, tornados and power outages. If this information is not included you may not receive vital information in a timely manner.

All checks or money orders should be made payable to: Christian County Health Department. Application and payment may be made in person at the Health Department located at 301 E. Brick, Ozark, or may be mailed to the address at the top of this page. Thank you for your prompt attention in this matter.

Amount Due @ \$2.00 per seat or Minimum Amount Due:

If you have received this letter and are not the person responsible for obtaining a Christian County Food Permit, please forward this notice to the appropriate person.

Approved Accredited Certified Food Protection Manager Classes and Food Handlers Course-Updated 12/13/2017

Changes to the Certified Food Managers list is in accordance with the requirement of the Christian County Food Order

2-102.20 Food Protection Manager Certification.

2-102.20 Food Protection Manager Certification. A person in charge who demonstrates knowledge by being a food protection manager that is certified by a food protection manager certification program that is evaluated and listed by a Conference for Food Protection-recognized accrediting agency as conforming to the Conference for Food Protection Standards for Accreditation of Food Protection Manager Certification Programs is deemed to comply with ¶ 2-102.11(B).

Accredited Food Protection Manager Certification

Seated Classes

OZARKS TECHNICAL COMMUNITY COLLEGE (OTC)

Deborah Stinnet

417-447-7690

Stinnetd@otc.edu

Tom Food Safe LLC

417-350-2155

tom@tomfoodsafes.com

Website: www.tomfoodsafes.com

Online

NATIONAL RESTAURANT ASSOCIATION

SERVS SAFE CERTIFICATION ONLINE COURSE

<http://www.servsafe.com/home>

Training Languages:

Textbooks available in English, Spanish, Chinese and Korean

Exam Languages:

Print exam available in English, Spanish, Chinese, Korean, Japanese and Canadian French

This will require a proctored exam.

PROMETRIC

Approved Trainers

Environmental Services and Audits, 417-230-0676

<http://www.sfhcorp.com/>

Examinations are available in Chinese, English, Korean, Spanish and Vietnamese.

This will require a proctored exam after the online course



PO Box 340
 301 E. Brick
 Ozark, MO 65721
 Phone: 417-581-8183
 Fax: 417-581-6130
 Christiancountyhealth.com

2017 RENEWAL FOR FOOD ESTABLISHMENT PERMIT						
OWNER INFORMATION						
Owner Name: (Please Print)						
Mailing Address:						
City:		State:		ZIP Code:		
LLC DBA Corporation (Please choose one)		Phone:		Fax:		
Email Address: (required)						
ESTABLISHMENT INFORMATION						
Name of Establishment:						
Physical Address:					City:	
State:		ZIP Code:		Phone:		Fax:
E-mail: (required)						
Please choose one:	<input type="checkbox"/> *FS/ Restaurant	<input type="checkbox"/> Retail/Convenience	<input type="checkbox"/> School	<input type="checkbox"/> Sr. Center	<input type="checkbox"/> Mobile	<input type="checkbox"/> Other
If *Food Service or Restaurant, what is the seating capacity of the facility?						
What are your Hours and Days of Operation?						
Do you have an emergency generator for power?			Yes	No		
Have you remodeled, expanded, or changed ownership in the last year?			Yes	No		
CURRENT CERTIFIED FOOD MANAGERS-MUST HAVE ONE <i>CERTIFIED FOOD MANAGER</i> ON DUTY AT ALL HOURS OF OPERATION (At least one per shift)						
Name	Brand Name of Training for - Certified Food Protection Manager			Expiration date		
<i>If more space is needed for Certified Food Manager, please attach separate list.</i>						
All food items must be from an approved/inspected source. If you intend to make changes (i.e.: additional menu items, remodel, or expansion) you must inform CCHD prior to these changes. Permit is subject to revocation if any changes made are found to be noncompliant with the current Missouri Food Code.						
I, THE UNDERSIGNED, ATTEST ALL INFORMATION ABOVE IS ACCURATE:						
Printed Name of Applicant						
Signature of Applicant						Date

Health Department Use Only	
EPHS Approval:	Date:
Supervisor Approval:	Date:
Risk Assessment Assigned:	Date:
Date Received:	Amount:
Cash/Check #:	Receipt #:
Permit Number Issued:	