

CHRISTIAN COUNTY HEALTH DEPARTMENT APPLICATION FOR FOOD ESTABLISHMENT PERMIT

OWNER INFORMATION:

Owner Name _____
 Establishment Name _____
 Physical Address _____ City/Location _____
 Mailing Address _____ Telephone (owner) _____
 City and Zip _____ Telephone (establishment) _____
 Fax Number (establishment or owner) _____ E-Mail _____

ESTABLISHMENT INFORMATION:

- Food Service/Restaurant Retail/Convenience School Sr. Center Processor
- Warehouse Mobile Other _____
- Do you offer **only** prepackaged foods that are not potentially hazardous? Yes No (see below for details)
- Typical daily patronage 500+ 250-500 100-249 Less than 100 Seating capacity _____
- Hours and days of operation _____

UTILITY INFORMATION:

- Water supply company _____ Private well Last Bacterial test _____
- Electrical supply company _____ Gas company _____
- Wastewater treatment company and or City of: _____ Private wastewater system Yes No
- If private: Date installed _____ Permit # _____ Disposal type _____
- Do you have an emergency generator for power outages Yes No

PHYSICAL FACILITY:

- Plans submitted prior to application Yes No If yes, date submitted _____
 - Does your establishment use outside storage units/building that is separate from the facility Yes No
 - Floor coverings/type: _____
 - Protective shielding on light fixtures Yes No
 - Toilets provided to employees Yes No Customers Yes No If yes, how many? _____
 - Self closing devices on restroom doors Yes No
 - Service sink provided (mop sink or curbed cleaning facility with floor drain) Yes No
 - 3 bay sink Yes No
 - Does a direct connection exist between the sewage line and 3 bay sink/food prep sink drain Yes No
 - Number of handwashing facilities _____ Number of employees _____
 - Handwashing cleanser provided Yes No
 - Hand drying equipment/towels provided Yes No
 - Handwashing signage provided Yes No
 - Waste receptacle provided Yes No
- Is smoking allowed in your establishment
 Yes No

If no Certified Food Protection Manager (CFPM), class must be completed and passed prior to approval of permit and opening of establishment. Need one (1) Certified Food Protection Manager per 60 hours of operation.

Number of Certified Food Protection Managers _____

Please list all Certified Food Protection Managers: (if additional space is needed please list on back of application).

Name	Expiration	Class Completed (Manager)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Non-Potentially Hazardous Food

Non-potentially hazardous foods include **pre-packaged:** candy, chips, nuts, beverages (no dairy), dry goods and cereals, unconstituted dehydrated foods and baked goods. **All food items must be from an approved/inspected source. Complete menu must be included with this application; this is to be updated each year. Items not included are not approved for sale. If your usage changes (i.e.: additional menu items, remodel, or expansion) you must inform CCHD. Permit is subject to revocation if any changes made are not found to be in compliance with the current Missouri Food Code.**

I, THE UNDERSIGNED, ATTEST ALL INFORMATION IN ABOVE IS ACCURATE:

SIGNED: _____ **DATE** _____

HEALTH DEPARTMENT USE ONLY

Approved by Supervisor _____

Date _____

Approved by EPHS _____

Date _____

- New
- Renewal
- Change of Ownership

Date Issued: _____

Previous name of establishment _____

Copy of code issued _____

Fee amount collected _____

Receipt# _____ Check # _____

**CHRISTIAN CO. HEALTH DEPT.
301 E. BRICK
P. O. BOX 340
OZARK, MO 65721
417-581-8183**

Permit Status

Issued Number _____

Denied

Exempt

Date mailed _____

**Additional
Certified Food Protection Managers**

Name	Expiration	Class Completed (Manager)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____