



**CHRISTIAN COUNTY**  
HEALTH DEPARTMENT

*Show them healthy.*

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Christiancountyhealth.com

**2016 RENEWAL FOR FOOD ESTABLISHMENT PERMIT**

**OWNER INFORMATION**

Owner Name: (Please Print)

Mailing Address:

City:	State:	ZIP Code:
LLC      DBA Corporation (Please	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"/> Restaurants (see below)	<input type="checkbox"/> Retail or Convenience \$50.00	<input type="checkbox"/> School Call for fee information	<input type="checkbox"/> Sr. Center (exempt)	<input type="checkbox"/> Mobile \$50.00	<input type="checkbox"/> Other
	<input type="checkbox"/> Food Service (no seating or seating < 26) \$50.00					

If Restaurant, what is the seating capacity of the facility? \_\_\_\_\_ **multiply # of seating by 2 for fee /\$50.00 minimum.**

**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/HANDLER(S)-MUST HAVE ONE CERTIFIED FOOD MANAGER ON DUTY AT ALL HOURS OF OPERATION**

Name	Brand Name of – Food Protection Manager	Expiration date

*If more space is needed for Certified Food Manager/Handlers, please attach separate list.*

**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 IN 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:	Permit # <b>2016-</b>
Date Received:	Amount:	
Cash/Check #:	Receipt #:	