

CHRISTIAN COUNTY HEALTH DEPARTMENT APPLICATION FOR FOOD ESTABLISHMENT PERMIT

Annual Permit Fee: High \$300 Med \$200 Low \$100

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

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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



CHRISTIAN COUNTY
HEALTH DEPARTMENT

Show them healthy.

Environmental Division

PO Box 340 301 E. Brick

Ozark, MO 65721

Phone: 417-581-8183

Fax: 417-581-6130

email: Eryn.Acosta@lpha.mo.gov

Plan Review Audit Form

Fill out the following review form and submit it with the plans to the Christian County Health Department Environmental Division for audit by the inspectors. Check all appropriate boxes in the right columns, fill in the required information in the center column and list corresponding page number from the plans in the left column.

If you have any questions regarding this form, please contact the Health Department

Name of Establishment:

Address of Establishment:

Page	1. Kitchen	Yes	No	N/A
	Are hand sinks provided at all food prep areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do the hand sinks provide hot water with a temperature of at least 110°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the hand sinks under pressure & do they provide water flow through a single mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a separate food prep / culinary sink required (Need if washing produce)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the food prep / culinary sinks indirectly connected to the drain system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a hood system required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the hood cover all cooking surfaces and frying equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a grease trap or grease interceptor provided? Size () gallons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any overhead sewer lines exposed in food preparation areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Finished Surface Materials: (Indicate what material will be used in the following areas.)

	Floor	Base Board	Walls	Ceiling
Kitchen/Bar				
Rest Rooms				
Storage				
Bar				
Warewashing				
Walk-ins				

Page	2. Bar	Yes	No	N/A
	Is a three compartment sink provided at the bar area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a hand sink provided at the bar area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the hand sink provide hot water with a temperature of at least 110°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any overhead sewer lines exposed in the bar area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page	3. Storage Areas	Yes	No	N/A
	Is adequate shelving provided to properly store all items needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the shelving in good repair and easily cleanable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any overhead sewer lines exposed in the storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is an outside storage area provided? If yes list the purpose:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Page		Yes	No	N/A
	4. Dish Area			
	Is a three compartment sink provided? List the dimensions of the vats (____x____x____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the 3 compartment sink have an indirect connection to the drain line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a dishwasher provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the dishwasher sanitize by using chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, list chemicals used:			
	Is a hand sink provided at the dishwashing area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do the hand sinks provide hot water with a temperature of at least 110°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the hand sinks under pressure & do they provide water flow through a single mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any overhead sewer lines exposed in the dishwashing area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Restrooms	Yes	No	N/A
	Are public restrooms provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are employee restrooms provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do the hand sinks provide hot water with a temperature of at least 110°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the hand sinks under pressure & do they provide water flow through a single mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are restrooms ventilated to outside air?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do restrooms have self closing, tight fitting doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Mop Sink/Chemical Area	Yes	No	N/A
	Is a mop sink with hot and cold running water provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the mop sink located away from food prep and food storage area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Busing Stations	Yes	No	N/A
	Are hand sinks provided at the busing areas and wait stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do the hand sinks provide hot water with a temperature of at least 110°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the hand sinks under pressure & do they provide water flow through a single mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. Solid Waste Disposal	Yes	No	N/A
	Is an outdoor garbage area provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a grease dumpster provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the outdoor garbage area easily cleanable and located on a concrete or asphalt pad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. Floors/Walls/Ceiling (General)	Yes	No	N/A
	Are floor materials grease resistant and easily cleanable in all food preparation areas, storage areas, restrooms, dish areas, and wait stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the walls and ceilings light in color, smooth, easily cleanable, and non-absorbent in all food preparation areas, storage areas, restrooms, dish area, and wait stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the floor/wall juncture coved in all food preparation areas, storage areas, restrooms, dish areas, and wait stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10. Lighting	Yes	No	N/A
	Are 50 foot candles of light provided over all food prep, and 20 foot candles over all dishwashing, storage area, hand washing, and restroom areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are all light fixtures properly shielded in all food preparation and food storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11. Equipment	Yes	No	N/A
	Do the plans include a list of all equipment (keyed) with the name and model number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is all food equipment NSF approved? (Non-commercial equipment is not permitted.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Is a commercial water heater provided? _____ (gallons) GPH recovery:(_____)	Size:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Page	12.Menu	Yes	No	N/A	
	Has a copy of the establishment menu been submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	A. Sit down meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Take out meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Page	14. Insect & Rodent Control	Yes	No	N/A	
	Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the placement of electrocution devices identified on the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the area around the building clear of unnecessary brush, litter, boxes and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Page	15. Water Supply	Yes	No	N/A	
	Is the water supply from an approved source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Is water supply Public (_____) City of: (_____) or Private (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	If private, has the source been approved? **please attach a copy of written approval and or permit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Page	16. Sewage Disposal	Yes	No	N/A	
	Is building connected to a municipal sewer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	If no, is the private disposal system approved? **please attach copy of written approval and or permit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Page	17. The following documents are required. Please check the box to confirm they are included.	Yes	No	N/A	
	Proposed menu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Site plan showing location of business in building: location of building on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Plan drawn to scale of establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Equipment schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Finish schedule. (floors, bases, walls, ceiling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Page	18. Contents and format of plans and specification				
	Provide plans that are a minimum of 11-14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot.				
	Include proposed menu and projected daily meal volume for food service operations.				
	Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.				
	Designate clearly on the plan, equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot holding potentially hazardous foods.				
	Label and locate separate food preparation sinks when the menu dictates, to preclude contamination and cross-contamination of raw and ready to eat foods.				
	Clearly designate adequate hand washing lavatories for each toilet fixture and in immediate food preparation areas.				
	Provide room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.				
	On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements, and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual				

Page	19. Plumbing Connections									
		AIR GAP	AIR BREAK	*INTEGRAL TRAP	* P TRAP	VACUUM BREAKER	CONDENSATE PUMP			
	Toilet									
	Urinals									
	Dishwasher									
	Garbage Grinder									
	Ice Machine									
	Ice Storage Bin									
	Sinks a. mop b. Janitor c. Handwash d. 3 comp e. 2 com f. 1 com g. water									
	Steam Tables									
	Dipper Wells									
	Refrigeration condensate/d rain lines									
	Hose Connection									
	Potato Peeler									
	Beverage Dispenser w/carbonator									
	Other _____									

* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A P trap is a fixture trap that provides a liquid seal in the shape of the letter P- Full S- traps are prohibited.

Notes/Comments

Approval of these plans and specification by the Christian County Health Department, food protection program; does not indicate compliance with any other code, law, or regulation that may be required-federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine compliance with local and state laws governing food service establishments.

Contact Name:		Phone:	
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DO NOT WRITE BELOW THIS LINE-FOR DEPARTMENT USE ONLY

Date:	Reviewed by:
Contact Number:	Reviewers Signature:

Disposition:

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In the space below, please draw a brief sketch of how you plan to set up your vendor booth at the event. Please include the location of all food preparation tables, display/sampling tables, display cases, cold holding units, hot

