CHRISTIAN COUNTY
HEALTH DEPARTMENT
Show them healthy.

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301 E. Brick
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Phone: 417-581-8183
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Christiancountyhealth.com

2018 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:	☐ *FS/ Restaurant	☐ Retail/Convenience	☐ School	☐ Sr. Center	☐ Mobile	☐ 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 *CERTIFIED FOOD MANAGER* ON DUTY AT ALL HOURS OF OPERATION (At least one per shift)

Name	Brand Name of Training for - **Certified Food Protection Manager**	Expiration date

If more space is needed for Certified Food Manager, 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 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:	