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pikecountyhealth.org - facebook.com/bgpchd

NEW PERMANENT FOOD ESTABLISHMENT PERMIT APPLICATION

This form must be filled out for any business that wishes to operate a Food Service Establishment in Pike County, Missouri.
For additional questions, please call our office 573-324-2111.

Date of application: \_\_\_/\_\_\_/\_\_\_ Approximate opening date: \_\_\_/\_\_\_/\_\_\_

BUSINESS INFORMATION:

\_\_\_ New Construction \_\_\_ Remodel \_\_\_ Mobile Unit (All require a plan review)

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Name of Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Phone # of Establishment: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax # of Establishment: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Operational times: (check/circle all that apply)

\_\_\_ Yearly Operation
\_\_\_ Monthly Operation: JAN. FEB. MAR. APR. MAY JUN. JUL. AUG. SEPT. OCT. NOV. DEC.

Days/Hours of Operation:

M. \_\_\_\_\_ TU. \_\_\_\_\_ W. \_\_\_\_\_ TH. \_\_\_\_\_ F. \_\_\_\_\_
SA. \_\_\_\_\_ SU. \_\_\_\_\_

\_\_\_ Number of "Persons in Charge" with a certified food manager's certificate.

One certificate must be provided prior to approval of permit. Additional certificates may be required based on the days and hours of operation.

BUSINESS OWNER INFORMATION:

Name of Company: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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**PLAN REVIEW INFORMATION:**

- Proposed menu (including seasonal, off-site and banquet menus)
- Diagram of establishment showing equipment, plumbing, electrical, and mechanical services  
(Architectural plans or hand sketches are acceptable.)
- Equipment schedule (list of equipment including model and specifications)
- Site Plan showing location of food establishment, outside equipment, dumpsters and grease receptacles.
- Indicate which finish materials will be used in each area for floors, walls, and ceilings.
- Provide HACCP plan for the following specialized processing methods:
 

Reduced Oxygen Packaging/Vacuum Packaging	<input type="checkbox"/> Plan included	<input type="checkbox"/> Do Not Perform
Use additives to render a food non-potentially hazardous	<input type="checkbox"/> Plan included	<input type="checkbox"/> Do Not Perform
Curing and smoking preservations	<input type="checkbox"/> Plan included	<input type="checkbox"/> Do Not Perform
Molluscan shellfish tanks	<input type="checkbox"/> Plan included	<input type="checkbox"/> Do Not Perform
Other specialized processing	<input type="checkbox"/> Plan included	<input type="checkbox"/> Do Not Perform

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

\_\_\_\_\_ Average number of meals to be served daily                      \_\_\_\_\_ Number of deliveries per week

**Food Storage:**

Amount of space (in cubic feet) allocated for:

\_\_\_\_\_ Dry shelving    \_\_\_\_\_ Refrigerated storage shelving    \_\_\_\_\_ Frozen storage shelving

**Hot Water:**

Location of hot water heater \_\_\_\_\_ Capacity: \_\_\_\_\_

Is the hot water shared with another establishment?     Yes     No

**Mechanical Dishwashing:**

Type: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Type of sanitizers to be used: \_\_\_\_\_

**Manual Dishwashing:**

Three/Four compartment sink: Length \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Will largest utensil fit into each compartment of the sink?     Yes     No

Type of sanitizers to be used: \_\_\_\_\_

Is storage facility available for employee’s personal belongings?     Yes     No

Will linens be laundered on site?     Yes     No

    If No, where will they be cleaned? \_\_\_\_\_

Name of refuse company: \_\_\_\_\_ Frequency of Pickup: \_\_\_\_\_

**IF APPLICANT IS ACTING AS AGENT FOR THE BUSINESS OWNER PLEASE PROVIDE THE FOLLOWING:**

Name/Title: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

*I hereby certify that the information provided is correct, and I fully understand that any deviation from this information without prior permission from Pike County Health Department may nullify final approval. I understand that the permit application is only good for 90 days and that fees are non-refundable. Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required by federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the laws governing food service establishments and is required prior to establishment opening.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE USE ONLY**

Type of Establishment:

- Dine-In
- Carry-Out
- Residential (*Institution, nursing home, hospital*)
- Mobile Kitchen
- Mobile/Vending
- Caterer
- Snow Cone
- Grocery/Convenience Store
- Other: \_\_\_\_\_

Establishment No. \_\_\_\_\_

Risk Priority:     Low     Medium     High

Plan Review:     Yes     No

Fee Paid: \_\_\_\_\_

Clerk: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>RISK ASSESSMENT FOR NEW ESTABLISHMENTS ONLY:</b> <i>(PHF= time and temperature controlled for safety)</i>				<b>Point Total</b>
Are potentially hazardous food (PHF) items served?	Yes (1.5)	No (0.5)		
Are PHFs prepared only in individual portions?	Yes (0.5)	No (1.5)		
Are PHFs served from a buffet, salad bar, or self-service?	Yes (1.5)	No (1.0)		
Are PHFs cooked, held, and reheated?	Yes (1.5)	No (0.5)		
Are PHFs prepared from raw non-frozen ingredients?	Yes (1.5)	No (1.0)		
Are PHFs prepared and held before served?	Yes (1.5)	No (0.5)		
Are PHFs extensively handled with multiple step preparation?	Yes (1.5)	No (0.5)		
Average number of meals/patrons served per day	1-150 (0.5)	151-400 (1.0)	401+ (1.5)	
Is critical population served? ( <i>children, seniors, etc.</i> )	Yes (1.5)	No (0.5)		
<b>RISK SCALE:</b> Low = less than .9 assessment total Medium = .9 to 1.1 assessment total High = greater than 1.1 assessment total				<b>Total Points:</b> <i>(Divide total points by 9 for assessment total)</i>
<b>ASSESSMENT TOTAL:</b>				