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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 with the \$100 yearly food service permit fee. 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.

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: ____/____/____

RISK ASSESSMENT FOR NEW ESTABLISHMENTS ONLY: <i>(PHF= time and temperature controlled for safety)</i>				Point Total
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)		
RISK SCALE: Low = less than .9 assessment total Medium = .9 to 1.1 assessment total High = greater than 1.1 assessment total				Total Points: <i>(Divide total points by 9 for assessment total)</i>
ASSESSMENT TOTAL:				