



Public Health
Prevent. Promote. Protect.

Pulaski County Health Center

101 12th Street Crocker, MO 65452
(573) 736-2217 (Karen ext. 237 or Israel ext 228)

Fax: (573) 736-5370

www.pulaskicountyhealth.com



Food Establishment Permit Application

Instructions:

- Return completed application at least 30 days prior to planned opening date. If an individual other than the owner completes the form, a letter from the owner delegating this responsibility must be provided.
- All fees are due, in the office, prior to the pre-opening inspection with a CHECK or MONEY ORDER made payable to the Pulaski County Health Center. No cash will be accepted.
- A Pre-opening inspection does not guarantee a permit will be issued.

PLEASE NOTE: Filling out this application does NOT guarantee you permission to operate. You MUST contact the Pulaski County Health Center and speak with an Environmental Public Health Specialist (E.P.H.S.) in order to set-up a pre-opening inspection to complete this application process.

Date: _____

New Establishment

Change of Owner

Applicant Name: _____

Date of Birth: _____

(Applicant must be the owner of the Food Establishment or an officer of the Legal Ownership)

Food Establishment/Vendor Information

Establishment Name: _____

Address: _____ City: _____ State: Missouri Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Days of Operation: _____ Hours of Operation: _____

Owner Information

Owner Name: _____

Owner Type: Association Corporation Individual Partnership Other legal entity

(If the facility has a 501C status, documentation must accompany the paperwork for the fee to be waived)

Owner Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Mail correspondence to: Food Establishment Address Owner/Alternate Address

Person-In-Charge

The Person-In-Charge is directly responsible for the food establishment and he/she or an appointed designee must be present at all times during the operation of the food establishment.

Name of Person-In-Charge: _____

Has the Person-In-Charge completed a Food Safety Course?* Yes No

*If Yes: Name of Food Safety Course completed: _____ Date completed: _____

Cuisine Type

Please check one or more boxes to indicate the type of food you will be serving:

- | | | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Bar & Grill | <input type="checkbox"/> Seafood | <input type="checkbox"/> Greek | <input type="checkbox"/> Thai | <input type="checkbox"/> Health food |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Steak | <input type="checkbox"/> German | <input type="checkbox"/> Sushi | <input type="checkbox"/> Continental breakfast |
| <input type="checkbox"/> Cajun | <input type="checkbox"/> Kosher | <input type="checkbox"/> French | <input type="checkbox"/> Bar/Alcohol only | <input type="checkbox"/> Breakfast |
| <input type="checkbox"/> Hamburgers | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Catering | <input type="checkbox"/> Coffee/Tea | <input type="checkbox"/> Salad bar |
| <input type="checkbox"/> Pizza | <input type="checkbox"/> Mexican | <input type="checkbox"/> Korean | <input type="checkbox"/> Brew pub | <input type="checkbox"/> Baked goods |
| <input type="checkbox"/> Barbeque | <input type="checkbox"/> Italian | <input type="checkbox"/> Indian | <input type="checkbox"/> Pre-packaged food | <input type="checkbox"/> Dessert |
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Family style | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Other _____ | | | | |

Service Type

Please check one or more boxes to indicate the type of service you will offer:

- Buffet
 Table
 Counter
 Drive-thru
 Delivery
 Catering
 Carry out
 Samples

Please check one or more boxes to indicate the type of alcohol you will be serving:

- Wine
 Mixed drinks
 Beer
 Alcohol is not served

Please check one or more boxes to indicate the type of food preparation methods that will be used:

- | | | |
|---|--|--|
| <input type="checkbox"/> Serve/sell only pre-packaged potentially hazardous foods | <input type="checkbox"/> Hot and/or cold holding | <input type="checkbox"/> Thaw frozen product |
| <input type="checkbox"/> Combine raw ingredients to make a finished product | <input type="checkbox"/> Reheating for hot holding | <input type="checkbox"/> Time as a control |
| <input type="checkbox"/> Cool down cooked product for refrigeration | <input type="checkbox"/> Cook for hot holding | <input type="checkbox"/> Freezing |
| <input type="checkbox"/> Prepare large quantities in advance | <input type="checkbox"/> Cook to order | |

Days of Operation

OPERATING DAYS & HOURS: (HH:MMam - HH:MMpm)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Pre-Opening Inspection Checklist

The pre-opening inspection checklist is used by the E.P.H.S. as a tool to assist in determining a Food Establishment's eligibility to operate. The Food Establishment shall comply with all the requirements of the Current Missouri Food Code. In the event there is a conflict or a discrepancy between the Food Code and the pre-opening inspection checklist, the Food Establishment must comply with the Food Code. Failure to meet the requirements at the time of the pre-opening inspection may result in a reinspection fee.

Item	Yes	No	N/A
1. Water Source			
A. Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sewage Disposal			
A. Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Grease trap/interceptor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Floors			
A. Grease resistant, easily cleanable and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Covered floor-wall juncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls/Ceilings			
A. Constructed or painted of light color, smooth and easily cleanable, nonabsorbent materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Ceiling constructed so that no beams or piping are exposed overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hand sinks			
A. Hand sinks provided in the following areas:			
- Food preparation area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Dishwashing area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Busing, wait station, service area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Bar area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hand sinks provide hot water with a temperature of at least 100°F, soap and sanitary hand drying provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item	Yes	No	N/A
6. Three Compartment Sink			
A. Three compartment sink provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hot and cold running water supplied to all compartments and drain stoppers provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Adequate drain boards provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Dishwasher			
A. Dishwashing machine provides a final hot water rinse of 160°F or greater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Dishwashing machine sanitizes with a chemical sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Test Strips for Chemical Sanitizer			
A. Test strips provided for dishwashing machine (if chemical final rinse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Iodine <input type="checkbox"/>			
B. Buckets/spray bottles for wiping clothes provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Iodine <input type="checkbox"/>			
9. Service Sink (Mop Sink) provides hot and cold running water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Refrigeration/Freezer Units			
A. Potentially hazardous food is held at 41°F or below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Freezer holds foods frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Hot Holding Units hold food at 135°F or above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Temperature Measuring Devices			
A. Located in hot and cold holding units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Available for food monitoring (Thermometer – metal stem - 0° - 220°F in 2° increments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Storage Areas			
A. Shelves easily cleanable and properly constructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Shelving provided to store all items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Food and food related items stored 6 inches above floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have major renovations occurred (plumbing, electrical, new equipment, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Equipment			
A. Permanent equipment in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Properly spaced for easy cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Food Contact Surfaces			
A. Good condition, smooth and easily cleanable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Washed and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Non-Food Contact Surfaces clean to sight and touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Toxic Materials			
A. Storage location away from food and food related items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Proper labeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Ventilation			
A. Hood system adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hood system clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Pest Control			
A. Establishment free from rodents and insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Outer openings properly protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Professional pest control provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Lighting			
A. Adequate lighting provided over food prep, utensil washing, storage and restroom areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Light fixtures properly shielded in food prep and storage areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Refuse			
A. Trash receptacle provided outside the establishment with a tight fitting lid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Maintained in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Demonstration of Knowledge			
A. Person-In-Charge has a certificate in Food Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Person-In-Charge is able to demonstrate knowledge of foodborne diseases, HACCP, food safety, proper food handling, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Consumer Advisory			
A. Customers may order meat, eggs, shellfish and other items undercooked (rare, med-rare, raw)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If YES to "A", a Consumer Advisory must be in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Employee Health status is communicated to establishment's staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN ADDITION TO THIS APPLICATION, THE FOLLOWING MUST BE SUBMITTED 30 DAYS PRIOR TO SCHEDULING THE PRE-OPENING INSPECTION:

- Copy of the Menu Items to be served
- Copy of the Fire Inspection Report (if applicable)
- Copy of the City Planning & Development approved final inspection (if applicable)

It is advisable to download a copy of the Current Missouri Food Code to ensure compliance with all regulations. The Pulaski County Health Center has a link to the Food Code on our website: www.pulaskicountyhealth.com

Fee Information

Upon approval, and all Permit Fees have been paid a permit to operate will be issued at the Pre-Opening Inspection. Fees will be accepted ONLY in the form of a check or money order. NO CASH WILL BE ACCEPTED. A fee will be charged on all returned checks.

Please make check or money order payable to: Pulaski County Health Center

I CERTIFY THAT THE INFORMATION SUPPLIED IN THIS APPLICATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF FACT WILL RENDER THIS APPLICATION AND ANY PERMIT ISSUED INVALID.

I AM FAMILIAR WITH THE CONTENTS OF THE PULASKI COUNTY CONSUMER FOOD SAFETY REGULATION (AVAILABLE ON OUR WEBSITE: WWW.PULASKICOUNTYHEALTH.COM) AND UNDERSTAND THAT MY FOOD SERVICE PERMIT MAY BE SUSPENDED OR REVOKED BY THE REGULATORY AUTHORITY FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THE REGULATION.

IF APPROVED, I UNDERSTAND THAT THE FOOD ESTABLISHMENT PERMIT MAY NOT BE TRANSFERRED FROM ONE PERSON TO ANOTHER PERSON, FROM ONE LOCATION TO ANOTHER LOCATION, OR FROM ONE TYPE OF OPERATION TO ANOTHER TYPE OF OPERATION AND MUST BE RENEWED YEARLY.

SIGNATURE: _____ TITLE: _____

Fee Due (this section to be completed by E.P.H.S.):

Priority rating of new establishment: High - \$75.00 Medium - \$60.00 Low - \$45.00 \$

Total fees due: \$

E.P.H.S. (PRINT): _____ E.P.H.S. # _____ APPROVAL DATE: _____