

**PLATTE COUNTY HEALTH DEPARTMENT**  
**APPLICATION FOR FOOD ESTABLISHMENT PERMIT**

**OFFICE USE ONLY**

**PERMIT # :** \_\_\_\_\_

**PERMIT TYPE:**     **NEW ESTABLISHMENT**  
 **EXTENSIVE REMODELING**  
 **CHANGE OF OWNERSHIP**

**PERMIT FEE PAID:**     **YES**  
 **NO**

**AMOUNT PAID:** \_\_\_\_\_

**DATE PAID:** \_\_\_\_\_

**VALID DATES OF PERMIT:** FROM \_\_\_\_\_ TO December 31, 200\_\_\_\_.

**ESTABLISHMENT NAME:**

**TYPE OF ESTABLISHMENT (check all that apply):**

- Restaurant     Convenience Store     Grocery Store     Bakery     Frozen Dessert     Caterer  
 Senior Citizen     Temp. Food Stand     Delicatessen     Tavern     USDA Summer F. P.     School  
 Meat Cutting     Mobile Food Unit     Institution     Other \_\_\_\_\_

**ADDRESS OF ESTABLISHMENT:**

<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
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<b>PHONE # :</b>	<b>FAX # :</b>	<b>EMAIL:</b>
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**BUSINESS OWNER(S):**

**ADDRESS:**

<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
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<b>PHONE # :</b>	<b>FAX # :</b>	<b>EMAIL:</b>
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<b>BUSINESS OPERATOR:</b>	<b>TITLE:</b>
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**PROPOSED OPENING DATE:**

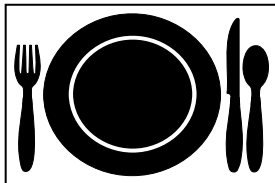
**PROJECTED NUMBER OF EMPLOYEES:**

**NUMBER OF CERTIFIED FOOD HANDLERS** (1 certified food handler for every 5 persons on duty must be present at all times that potentially hazardous food is prepared or served.)

<b>SIGNATURE OF APPLICANT:</b>	<b>DATE:</b>
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*Please attach a sketch of the layout of the establishment indicating the location of all necessary equipment and facilities. Please attach a menu, if applicable.*

**DELIVER COMPLETED APPLICATION TO:**



**Platte County Health Department**  
**212 Marshall**  
**Platte City, MO 64079**

**Phone # : (816) 858-2412**  
**Fax # : (816) 858-2087**