



**PLATTE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

212 Marshall Road
Platte City, MO 64079
Phone: (816) 858-2412 Fax: (816) 858-2087

Food Establishment Permit Application

Instructions:

- Return completed application at least 30 days prior to planned opening date.
- Pre-opening inspection does not guarantee a permit will be issued.

OFFICE USE ONLY	
Risk (I, H, M, L): _____	Issue Date: _____
Rec'd by: _____	Date: _____
Amount: _____	Check#: _____

PLEASE NOTE: Filling out this application does NOT guarantee you permission to operate. You MUST contact the Platte County Health Department and speak with the Food Program Coordinator in order to complete the application process.

Date: _____ New Establishment Change of Owner Extensive Remodeling

Applicant Name: _____ Date of Birth: _____
(Applicant must be owner or an officer of the Legal Ownership of the Food Establishment)

Establishment Information

Establishment Name: _____

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

Phone: _____ Fax: _____ E-mail: _____

Days of Operation: _____ Hours of Operation: _____

Number of employees (both full-time and part-time): _____

Projected Number of Certified Food Handlers: _____

Owner Information

Ownership Type (Check one): Individual Association Corporation Partnership LLC Other

Federal Tax ID #: _____

Owner(s) Name, Board Chair or President: _____ Title: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Mail correspondence to: Food Establishment Address Owner/Alternate Address

Manager Information (Person(s) directly responsible for the food establishment)

Manager(s) Name: _____ Title: _____ Date of Birth: _____

Manager Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Supervisor(s) (Immediate supervisor of the person identified above; such as district or regional supervisor)

Supervisor(s) Name: _____ Title: _____ Date of Birth: _____

Supervisor Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

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"/> Middle Eastern | <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"/> Push cart | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Ice Cream Shop | <input type="checkbox"/> Candy Shop | |
- 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"/> Serves primarily highly susceptible population (nursing home, daycare, senior center) | <input type="checkbox"/> Cook to order | <input type="checkbox"/> Prepare large quantities in advance |

Pre-Opening Inspection Checklist

The pre-opening inspection checklist is used by the Food Protection Program as a tool to assist in determining a Food Establishment's eligibility to operate. The Food Establishment still must comply with all the requirements of the Missouri Food Code and Platte County Food Ordinance. 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 re-inspection.

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 (Coving)	<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 and drop ceilings use food grade tiles	<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"/>
- Bussing, 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	<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 165°F or greater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Dishwashing machine sanitizes with a chemical sanitizer and has visible or audible alarm	<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 in a solid state	<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 (0° - 220°F)	<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 or quick disconnects for ease of cleaning or on casters	<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. (Missouri Food Code 2-102.11)	<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 (Missouri Food Code 3-603.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Employee Health Policy is communicated to establishment's staff (Missouri Food Code 2-201.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Establishment Characteristics Provide pertinent operational characteristics. At least, the following items shall be addressed.

- Menu
- Food storage equipment (dry goods and refrigerated).
- Schematic drawing of the floor plan of the kitchen and dining areas showing the layout of equipment including: stoves, refrigeration, freezers, work tables, hand sink(s), prep sink(s), dry good storage, etc.
- Standard procedures for cleaning, employee illness, verification of cooking temperatures, equipment monitoring (commercial dish machine and refrigeration temperatures) will be written.
- Estimate of number of meals served daily.

PLEASE READ PRIOR TO SIGNING

- A) A properly completed application shall be submitted.
- B) The application and accompanying documents shall be reviewed and approved.
- C) A pre-opening inspection of the establishment with equipment in place will be conducted to determine if the facility complies with the provisions of the code.
- D) Only establishments that have completed the above items shall be approved to operate as food establishments.
- E) The owner(s) agree to:
 - a. Comply with the Missouri Food Code <http://goo.gl/7iV6xC> and Platte County Food Ordinance <http://goo.gl/7iV6xC>
 - b. Allow the regulatory authority access to the food establishment.
- F) Provide records specified by the Missouri Food Code and Platte County Food Ordinance.

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 MISSOURI FOOD CODE AND PLATTE COUNTY FOOD ORDINANCE AND UNDERSTAND THAT MY FOOD SERVICE PERMIT MAY BE SUSPENDED OR REVOKED BY THE HEALTH DEPARTMENT FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THE ORDINANCE (PLATTE COUNTY FOOD ORDINANCE 330.010).

IF APPROVED, I UNDERSTAND THAT FOOD ESTABLISHMENT PERMITS 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.

SIGNATURE OF OWNER(S): _____ DATE: _____



SUBMIT FORM TO:
 Platte County Health Department
 212 Marshall Rd.
 Platte City, MO 64079
 Email: Food@plattehealth.com



FOR REGULATORY USE ONLY

APPLICATION APPROVAL

<input type="checkbox"/> APPROVED TO OPEN	EPHS SIGNATURE	DATE
<input type="checkbox"/> NOT APPROVED TO OPEN	EPHS SIGNATURE	DATE

IF NOT APPROVED TO OPEN PROVIDE THE APPLICANT WITH A NOTICE THAT INCLUDES SPECIFIC REASONS AND CODE CITATIONS FOR THE DENIAL AND ACTIONS THE APPLICANT MUST TAKE TO QUALIFY FOR APPROVAL. THE APPLICANT HAS THE RIGHT OF APPEAL AS SPECIFIED IN PLATTE COUNTY FOOD ORDINANCE 330.010.