



**APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT
AT A STATE INSTITUTION**

Food Establishment: Name _____ Phone _____ Fax _____

Mailing Address _____

Location _____ Hours of Operation _____

Applicant: Name _____ Age ≥ 18? Yes No Phone _____ Fax _____

Mailing Address _____ Email _____

Permit Holder: Permit to be issued to: Applicant Corporation Partnership Other Legal Entity _____

Ownership: Individual Association Corporation Partnership Other Legal Entity _____

Provide the Name, Title, and Address of each person comprising legal ownership (Owners, Officers, Local Resident Agent, etc).

Person Directly Responsible for Establishment (Manager, Person-In-Charge):

Name _____ Title _____ Phone _____

Mailing Address _____

Immediate Supervisor of Person Directly Responsible (Zone, District, Regional Supervisor):

Name _____ Title _____ Phone _____

Mailing Address _____

Type Establishment: Stationary Permanent or Temporary (≤ 14 days)

Restaurant - includes fast food, caterer, canteen, snack bar, bed & breakfast inn, camp, feeding site, vocational kitchen, etc.

Retail Food Store - grocery store, convenience store, commissary, etc. Indicate Number of Checkout Stations: _____

Institution - child care center, hospital, jail, nursing home, personal care home, school, etc.

Meals Provided: Breakfast Lunch Dinner Services Provided: Sit Down Take Out Delivery Mail Order

Seating Capacity: _____ Average number of meals served per day: _____

Yes No Serve Highly Susceptible Population (HSP)?

HSP includes: preschool children, child care facilities, immunocompromised or older adults, nursing home or assisted living facilities, hospitals, etc.

Type Operation: Attach sample menu or list menu on reverse. PHF means Potentially Hazardous Food, those requiring temperature controls.

No PHF Prepackaged non-PHF only or limited preparation of non-PHF

Limited One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF. Limited advanced preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores, Excluding specialty departments within retail food stores.

Full Preparing PHF using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing. Extensive handling of raw ingredients. Advanced prep for next day service. Includes specialty departments in retail food stores.

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date _____

Signature of Applicant _____

For Health Department Use Only

Date Received _____ Reviewed By _____ Permit Fee _____

Permit Issued Denied Date _____ Permit No. _____ Comments _____