

**MARION COUNTY HEALTH DEPARTMENT
APPLICATION FOR FOOD ESTABLISHMENTS**

In accordance with Section 8-301.11 (Missouri Food Code) and Sec. 4.01 Marion County Health Department Sanitation Ordinance #233-103111, a person may not begin operation or extensive renovation of a food establishment without obtaining written approval issued by the regulatory authority. An application shall be submitted at least thirty (30) calendar days before the date planned for opening or renovating. The application shall be completed by an owner or officer of the legal ownership.

FACILITY IDENTIFYING INFORMATION

NAME OF FACILITY	TELEPHONE NUMBER
LOCATION (STREET, CITY, STATE, ZIP CODE, COUNTY)	HOURS OF OPERATION
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	

FACILITY ADMINISTRATION

OWNERSHIP
 Association Corporation Individual Partnership Other

A) OWNER(S), BOARD CHAIR OR PRESIDENT - If more than one owner, list on the back and provide the information below.

NAME	TITLE
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
TELEPHONE NUMBER	EMAIL ADDRESS
FACILITY TYPE <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> CHANGE OF OWNERSHIP	<input type="checkbox"/> MOBILE <input type="checkbox"/> STATIONARY

CHECK ONE (1) OR MORE OF THE FOLLOWING:

- Does not prepare, but vends or offers for sale only pre-packaged food that is not potentially hazardous.
- Prepares only non-potentially hazardous foods.
- Prepares, offers for sale, or serves potentially hazardous food: only to order upon a consumer's request, or in advance in quantities based on project demand and discards food that is not sold or served, or uses time as the public health control has specified under 3-501.19.
- Prepares potentially hazardous food in advance using a food preparation method that involves (2) two or more steps (cooking, cooling, reheating, hot or cold holding, freezing or thawing,) which may include combining potentially hazardous ingredients.
- Food preparation methods that involve (2) two or more steps, with delivery to and consumption at a location off the premise of the food establishment.

FOOD ESTABLISHMENT OPERATION CHARACTERISTICS - Provide written documentation of the following items:

- Menu
- Food storage equipment (dry goods, refrigerated, make and model, shelving material).
- 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), mop sink, ware-washing equipment, break room, dry good storage, etc.
- Standard procedure for cleaning, sanitizing, employee illness, verification of cooking temperatures, cooling, reheating, discard date of food, equipment monitoring (commercial dish machine and refrigeration temperatures) MUST be written.
- Estimate of number of meals served daily.

PLEASE READ PRIOR TO SIGNING APPLICATION

- A) A properly completed application and permit or plan review fees shall be submitted.
- B) The application and accompanying documents shall be reviewed and approved by the regulatory authority (Marion County Health Department).
- C) Prior to food sales or vending, a pre-opening inspection of the establishment with equipment in place shall be conducted to determine if the facility complies with the provisions of the Missouri Food Code and Marion County Health Department Sanitation Ordinance #233-103111.
- 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://health.mo.gov/safety/foodsafety/foodcode.php>
 - b. Comply with the Marion County Health Department Sanitation Ordinance #233-103111
 - c. Allow the regulatory authority access to the food establishment
 - d. Provide records specified by the Missouri Food Code

SIGNATURE OF OWNER(S)	DATE
SIGNATURE OF OWNER(S)	DATE

\$100 PLAN REVIEW \$75 INITIAL FOOD ESTABLISHMENT (EST.) FEE OR PRIOR EST. FEE \$75 or \$150 **Any Food Prepared Prior To Health Department Approval Will Be Discarded** CHANGE OF OWNERSHIP DO NOT NEED TO SUBMIT DETAILED PLANS, MENU ITEMS, OR PLAN REVIEW FEE IF THERE ARE NO CHANGES.	Please submit the initial permit fee (MO check, cashier's check, or cash) or previous owners current permit fee with this application to: Marion County Health Department PO Box 1378 Hannibal, MO 63401
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APPLICATION APPROVAL

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

FOR REGULATORY USE ONLY
