Marion County Health Department
3105 Palmyra Rd / P.O. Box 1378
Hannibal, Missouri 63401
Ph: 573-221-1166 / Fax: 573-221-1214
www.marioncountyhd.org

Food Establishment Permit Application

New establishments or those remodeling **PRIOR TO OPENING MUST SUBMIT**
(1) $100 PLAN REVIEW
(2) $75 INITIAL FOOD ESTABLISHMENT (EST.) FEE OR PRIOR EST. FEE
(3) DETAILED PLANS
(4) MENU
(5) A WRITTEN CLEANING SCHEDULE FOR THE ESTABLISHMENT AND EQUIPMENT
(6) A WRITTEN EMPLOYEE ILLNESS POLICY
(7) WRITTEN PROCEDURES FOR PROPER FOOD COOKING AND HOT HOLDING TEMPERATURES
(8) WRITTEN PROCEDURES FOR PROPER FOOD COOLING AND REHEATING TEMPERATURES
(9) WRITTEN PROCEDURES FOR CLEANING AND SANITIZING OF FOOD CONTACT SURFACES
(10) WRITTEN PROCEDURES FOR DOCUMENTING REFRIGERATION TEMPERATURES
(11) WRITTEN PROCEDURES FOR FOOD DISCARD DATING
(12) WRITTEN PROCEDURES IF TIME WITHOUT TEMPERATURE CONTROL WILL BE USED

Establishment Name _____________________________________________________________

Establishment Address __________________________________________________________

City/State Zip

Phone __________________________

Anticipated opening date __________ Days and Hours of Operation __________________

Owner Information: ****LLC and Corporations still need to list a personal contact name and phone number****

Business/Personal/Name/Title ____________________________________________________

Mailing/Billing Address _________________________________________________________

City/State Zip

Phone __________________________ E-mail Address ________________________________

**ANY FOOD PREPARED PRIOR TO HEALTH DEPARTMENT APPROVAL WILL BE DISCARDED**
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, P.O. Box 1378, Hannibal, MO 63401.

It is your responsibility to contact the Marion County Health Department during construction to schedule periodic
inspections. If the construction plans are altered, contact the health department to review the changes. Any changes
without prior authorization may delay permit approval. The Missouri Food Code can be found at

Signature of Applicant __________________________ Date ______________

Reviewed by __________________________ Date ______________ FQE/AAE

Eligibility criteria for acceptance and participation in all programs are administered on a nondiscretionary basis
regardless of race, color, national origin, age, sex, religion, sexual orientation, genetic information, or disability
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Farmers Market Permit Application

Name of Organization or Stand ________________________________

Person in Charge of Stand ____________________________ Phone Number _______________

E-mail Address ____________________________________________

Address of Farm Where Food is Grown or Home Where Food is Prepared

________________________________________________________

Food to be Sold __________________________________________

________________________________________________________

Location of Farmers Market ___________________________ Date/Time __________________

✓ If selling Eggs, please attach a copy of your Missouri Department of Agriculture Egg License. Describe how your eggs will be stored at or below 45°F

✓ If selling Jams or Jellies, please request a copy of Jams and Jellies Requirements, handout. ✓ Please read and adhere to the Marion County Health Department Farmers Market Requirements

The permit fee (when applicable) is $10 and is to be paid prior to the event. An inspection of the food stand may be conducted any time prior to or during the event.

_____________________________ _________________________
Applicant Signature Date

MCHD Notes:

________________________________________________________

EOE/AAE 3-27-23

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