

# 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

Change of ownership do not need to submit detailed plans, menu items, or plan review fee if there are no changes.

Establishment Name \_\_\_\_\_

Establishment Address \_\_\_\_\_

Phone \_\_\_\_\_

City/State

Zip

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 \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

City/State

Zip

**\*\*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.**

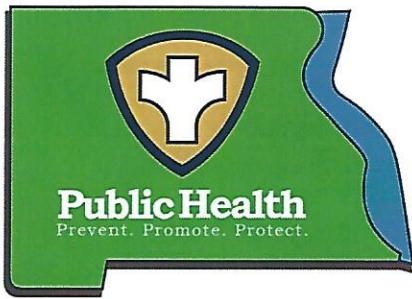
It is your responsibility to contact the Marion County Health Department during construction to schedule periodic inspections. If the construction plans are altered, contact the health department to review the changes. Any changes without prior authorization may delay permit approval. **The Missouri Food Code can be found at <http://health.mo.gov/safety/foodsafety/pdf/missourifoodcode.pdf>**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_ EOE/AAE \_\_\_\_\_

3-27-23

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:

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