



## Food Establishment Permit Application

### Instructions:

- Return completed application at least 30 business days prior to planned event or establishment opening. If an individual other than the owner completes the form, a letter from the owner delegating this responsibility must be provided.
- Pre-opening inspection does not guarantee a permit will be issued.

Please Note: Filling out this application does NOT guarantee you permission to operate. You MUST contact the JCCHS and schedule an appointment with an EPHS in order to complete this application process.

Date: \_\_\_\_\_  New Establishment  Change of Ownership

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

### Establishment/ Vendor Information

Establishment/ Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

### Owner Information

Owner Type:  Association  Corporation  Individual  Partnership  Other legal entity

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mail Correspondence to:  Food Establishment Address  Owner/ Alternate Address



**JOHNSON COUNTY COMMUNITY HEALTH SERVICES**

*Home Health • Public Health • Hospice*

*"Improving Your Quality of Life"*

429 Burkarth Rd,  
Warrensburg, MO 64093  
660-747-6121  
www.johnsoncountyhealth.org

**Person-In-Charge**

The Person-In-Charge is directly responsible for the food establishment and he/ she or an appointed designee must be present at all times during the operation of the food establishment.

Name of Person-In-Charge: \_\_\_\_\_

Has the Person-In-Charge completed a Food Safety Course?\*     Yes     No

\*If Yes: Name of Food Safety Course completed: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Alternate Person-In-Charge Names: \_\_\_\_\_

**Establishment Information**

Number of Employees: \_\_\_\_\_ Average Number of Customers Served Weekly: \_\_\_\_\_

Type of Establishment:     Temporary     Non-profit Organization     Restaurant     School     Retail  
 Concession     Mobile Unit     Bar     Other: \_\_\_\_\_

**Type of Cuisine**

Please check one or more boxes to indicate the type of food you will be serving:

- Bar & Grill     Deli     Cajun     Hamburgers     Pizza     Barbeque
- Chicken     Seafood     Steak     Kosher     Vegetarian     Mexican
- Italian     Japanese     Greek     German     French     Middle Eastern
- Korean     Indian     Vietnamese     Thai     Sushi     Bar/Alcohol only
- Coffee/ Tea     Brew Pub     Salad Bar     Pre-Packaged Food     Family Style
- Health Food     Chinese     Breakfast     Baked Goods     Dessert     Continental Breakfast

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     Other: \_\_\_\_\_



**JOHNSON COUNTY COMMUNITY HEALTH SERVICES**

*Home Health • Public Health • Hospice*

*"Improving Your Quality of Life"*

429 Burkarth Rd,  
Warrensburg, MO 64093  
660-747-6121  
www.johnsoncountyhealth.org

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 you will be serving:

- Serve/ sell only pre-packaged potentially hazardous foods
- Combine raw ingredients to made a finished product
- Cool down cooked product for refrigeration
- Prepare large quantities in advance
- Hot and/or Cold holding
- Freezing
- Time as a control
- Thaw frozen product
- Cook to order
- Cook for hot holding
- Reheating for hot holding
- Other: \_\_\_\_\_

**In addition to this application, the following must be submitted:**

- Copy of Occupancy Permit (if applicable)
- Copy of the Menu
- Copies of Food Safety Training certificates
- Copy of the Business License
- Copy of Alcohol Permit

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 of omission of fact will render this application and any permit issued invalid.

I am familiar with the contents of the Johnson County Code of Health Regulations Food Ordinance and understand that my food service permit may be suspended or revoked by JCCHS for failure to comply with the provisions of the ordinance.

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: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE OF EPHS: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_