



Food Establishment Permit Application

Instructions:

- Return completed application at least 30 business days prior to the 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.
- Permit fees are set based on a Food Establishment Public Health Priority Assessment that results in a facility being rated as a low, medium or high risk. **Permit Fees : Low \$50 Medium \$50 High \$50.** The annual Permit fee will be determined at the time of the pre-opening inspection and must be paid prior to issuance of an operating permit.

Please Note: Filling out this application does NOT guarantee you permission to operate. You MUST contact the JCCHS, pay the permit fee and schedule an appointment with an EPHS in order to complete this application process. Permit fees are non-refundable.

Date: _____ Existing Establishment Changing Type of Cuisine
 New Establishment Change of Ownership

Applicant Full Name: _____
(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: _____ WEB Site _____

Phone: _____ Fax: _____ Email: _____

Dates of Operation: _____ Hours of Operation: _____

Owner Information

Owner Type: Corporation Individual Partnership LLC Other legal entity

Owner Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Mail Correspondence to: Food Establishment Address Owner/ Alternate Address

Person-In-Charge PIC

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- Use the Temporary form Restaurant School Retail
 Concession Mobile Unit Bar Grocery Store Other: _____

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

- Bar & Grill Bar only Brew Pub Hamburgers Deli Barbeque
- Chicken Seafood Steak Kosher Vegetarian Mexican
- Italian Japanese Greek German French Middle Eastern
- Korean Indian Vietnamese Thai Cajun Chinese
- ice Salad Bar Sprouts Fountain drinks Pre-Packaged Food
- 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: _____

Alcohol: 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 processes you will be conducting:

- Serve/ sell only pre-packaged TCS foods Time as a control
- Reduced Oxygen Packaging non-continuous cooking of raw animal foods
- Adding food Additives Curing foods
- Smoking food as a means of preservation Sprouting seeds
- Combine raw ingredients to made a finished product Thaw frozen product
- Cool down cooked product for refrigeration Cook to order
- Prepare large quantities in advance Cook for hot holding
- Hot and/or Cold holding Reheating for hot holding
- Freezing Other: _____

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

- Complete set of Blue prints for the proposed facility.** Email file preferred.
- Copy of the Menu**
- Copies of Food Safety Training certificates for the manager / PIC.**
- Application Fee.** Checks payable to Johnson County.

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.

APPLICANT SIGNATURE: _____ TITLE: _____

Office Use Only : Check Mark if a **Seasonal Food Facility** _____