



### 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** \_\_\_\_\_