



# Food Establishment Plan Review Application

### Instructions:

- Fee schedule: No application will be accepted without payment. Place check mark next to fee submitted:  
Johnson County Food Establishment Plan review fee does not include Johnson County Food Operating Permit fee  
 \_\_\_\_\_ \$150 allows up to 14 business days for application to be reviewed.  
 \_\_\_\_\_ \$250 allows up to 7 business days for application to be reviewed.
- Return completed application at least 30 days prior to planned opening date. 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.

OFFICE USE ONLY	
Permit #: _____	Issue Date: _____
Rec'd by: _____	Date: _____
Amount: _____	Check#: _____

**Please Note:** Filling out this application does **NOT** guarantee you permission to operate. You **MUST** contact 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: \_\_\_\_\_ New Establishment  Change of Owner

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

### Establishment/Vendor Information

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MO Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

**RESTAURANT TYPE ESTABLISHMENTS:** Number of employees (both full-time and part-time): \_\_\_\_\_

### New Construction Only:

Projected Date for Start of Project: \_\_\_\_\_ Projected Date for Completion of Project: \_\_\_\_\_

### Owner Information

Ownership Type (Check one): Individual  Association  Corporation  Partnership  LLC

Federal Tax ID #: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mail correspondence to:      Food Establishment Address       Owner/Alternate Address

### Responsible Party

The Responsible Party is directly responsible for the food establishment. List the name of the individuals legally responsible for the operation; this may be the owner/permit holder, president of the corporation, manager of operations or the manager of the LLC.

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### Cuisine Type

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

- |                                      |                                     |   |  |  |
|--------------------------------------|-------------------------------------|---|--|--|
| <input type="checkbox"/> Bar & Grill | <input type="checkbox"/> Seafood    | <input type="checkbox"/> Greek          | <input type="checkbox"/> Thai              | <input type="checkbox"/> Health food           |
| <input type="checkbox"/> Deli        | <input type="checkbox"/> Steak      | <input type="checkbox"/> German         | <input type="checkbox"/> Sushi             | <input type="checkbox"/> Continental breakfast |
| <input type="checkbox"/> Cajun       | <input type="checkbox"/> Kosher     | <input type="checkbox"/> French         | <input type="checkbox"/> Bar/Alcohol only  | <input type="checkbox"/> Breakfast             |
| <input type="checkbox"/> Hamburgers  | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Coffee/Tea        | <input type="checkbox"/> Salad bar             |
| <input type="checkbox"/> Pizza       | <input type="checkbox"/> Mexican    | <input type="checkbox"/> Korean         | <input type="checkbox"/> Brew pub          | <input type="checkbox"/> Baked goods           |
| <input type="checkbox"/> Barbeque    | <input type="checkbox"/> Italian    | <input type="checkbox"/> Indian         | <input type="checkbox"/> Pre-packaged food | <input type="checkbox"/> Dessert               |
| <input type="checkbox"/> Chicken     | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Vietnamese     | <input type="checkbox"/> Family style      | <input type="checkbox"/> Chinese               |
| <input type="checkbox"/> 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

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 preparation methods that will be used:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Serve/sell only pre-packaged potentially hazardous foods | <input type="checkbox"/> Hot and/or cold holding   | <input type="checkbox"/> Thaw frozen product |
| <input type="checkbox"/> Combine raw ingredients to make a finished product       | <input type="checkbox"/> Reheating for hot holding | <input type="checkbox"/> Time as a control   |
| <input type="checkbox"/> Cool down cooked product for refrigeration               | <input type="checkbox"/> Cook for hot holding      | <input type="checkbox"/> Freezing            |
| <input type="checkbox"/> Prepare large quantities in advance                      | <input type="checkbox"/> Cook to order             |  |



**Plan Review Checklist**

The plan review checklist is used by the Food Protection Program as a tool to assist in determining a Food Establishment's eligibility to operate. The Food Establishment still must comply with all the requirements of the Johnson County Food Ordinance. In the event there is a conflict or a discrepancy between the Food Code and the pre-opening inspection checklist, the Food Establishment must comply with the Food Code. Failure to meet the requirements at the time of the pre-opening inspection may result in a re-inspection fee.

Answer all items.

Item	Yes	No	N/A
1. Water Source (5-101.11*)			
A. Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Private –Constructed to prevent contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sewage Disposal (5-403.11*)</b>			
A. Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Private – Complies w/JCCHS OWTS and MDNR minimum standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Grease trap/interceptor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1. Floors (6-101.11A)</b>			
A. Grease resistant, easily cleanable and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Covered floor-wall juncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Walls/Ceilings (6-101.11A)</b>			
A. Constructed or painted of light color, smooth and easily cleanable, nonabsorbent materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Ceiling constructed so that no beams or piping are exposed overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Hand sinks (5-203.11*, 6-301.14)</b>			
A. Hand sinks provided in the following areas:			
- Food preparation area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Dishwashing area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Busing, wait station, service area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Bar area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hand sinks provide hot water with a temperature of at least 100°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>4. Three Compartment Sink</b>			
A. Three compartment sink provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hot and cold running water supplied to all compartments and drain stoppers provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Adequate drain boards provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<b>5. Dishwasher</b>			
A. Dishwashing machine provides a final hot water rinse of 165°F or greater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Dishwashing machine sanitizes with a chemical sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<b>6. Test Strips for Chemical Sanitizer</b>			
A. Test strips provided for dishwashing machine (if chemical final rinse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Iodine <input type="checkbox"/>			
B. Buckets/spray bottles for wiping clothes provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Iodine <input type="checkbox"/>			
<hr/>			
<b>7. Service Sink (Mop Sink) provides hot and cold running water</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<b>8. Refrigeration/Freezer Units</b>			
A. Potentially hazardous food is held at 41°F or below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Freezer holds foods frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<b>9. Hot Holding Units hold food at 135°F or above</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<b>10. Temperature Measuring Devices</b>			
A. Located in hot and cold holding units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Available for food monitoring (0° - 220°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<b>11. Storage Areas</b>			
A. Shelves easily cleanable and properly constructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Shelving provided to store all items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Food and food related items stored 6 inches above floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<b>12. Have major renovations occurred (plumbing, electrical, new equipment, etc)?</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<b>13. Equipment</b>			
A. Permanent equipment in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Properly spaced for easy cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<b>14. Food Contact Surfaces</b>			
A. Good condition, smooth and easily cleanable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Washed and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>15. Non-Food Contact Surfaces clean to sight and touch</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<b>16. Toxic Materials</b>			
A. Storage location away from food and food related items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Proper labeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<b>17. Ventilation</b>			
A. Hood system adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hood system clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>18. Pest Control</b>			
A. Establishment free from rodents and insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Outer openings properly protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Professional pest control provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>19. Lighting</b>			
A. Adequate lighting provided over food prep, utensil washing, storage and restroom areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Light fixtures properly shielded in food prep and storage areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>20. Refuse</b>			
A. Trash receptacle provided outside the establishment with a tight fitting lid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Maintained in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>21. Demonstration of Knowledge</b>			
A. Person-In-Charge has a certificate in Food Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Person-In-Charge is able to demonstrate knowledge of foodborne diseases, HACCP, food safety, proper food handling, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>22. Consumer Advisory</b>			
A. Customers may order meat, eggs, shellfish and other items undercooked (rare, med-rare, raw)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If YES to "A", a Consumer Advisory must be in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<b>25. Employee Health Policy is communicated to establishment's staff</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IN ADDITION TO THIS APPLICATION, THE FOLLOWING MUST BE SUBMITTED 30 DAYS PRIOR TO SCHEDULING THE PRE-OPENING INSPECTION:**

- Completed checklist**
- Completed Site plan for the proposed facility**
- 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.**

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

FOOD INSPECTOR (PRINT): \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_