Revise 10/2025

Public Health
Prevent. Promote. Protect.
Callaway County Health Department

**For Office Use only**
_____Application Received
_____Risk Assessment
_____Entered in Database
_____Payment Received
_____Req Docs Received
_____Inspection Scheduled
_____Food Permit Sent

# CALLAWAY COUNTY, MISSOURI
# PERMANENT FOOD ESTABLISHMENT
# *INITIAL APPLICATION*
# FOR
# NEW FOOD ESTABLISHMENT/ RE-OPENING/ REMODEL

**Permit Fee**

Initial application for a permanent food establishment has a flat rate of $500 due to the plan review process and risk assessment. The application of this fee, either partially or in full, will be at the discretion of the public health administrator.

**Priority level and fee will be assigned after review of this application. We will mail and email an invoice.**

***Warning:*** *Failure to complete any question on this application in its entirety will result in the delay of your pre-opening inspection.*

## ESTABLISHMENT INFORMATION

**Name of Establishment:** _____

**Contact Name:** _____

**Address:** _____

**City:** _____ **State:** _____ **Postal Code:** _____

**Business Phone:** (_____) _____-_____

**Cell Phone:** (_____) _____-_____

**Email Address:** _____@_____

## BILLING INFORMATION

**Business Name:** _____

**Business Mailing Address:** _____

**City:** _____ **State:** _____ **Postal Code:** _____

**Email Address:** _____@_____

**Phone:** (_____) _____-_____

## BUSINESS OWNER INFORMATION

**Owner Name:** _____

**Address:** _____

**City:** _____ **State:** _____ **Postal Code:** _____

**Business Phone:** _____

**Home Phone:** (_____) _____ - _____

**Cell Phone:** (_____) _____ - _____

**Email Address:** _____@_____

## GENERAL ESTABLISHMENT INFORMATION

**Seating Capacity:** _____

**Number of Floors on which operations are conducted:** _____

**Maximum Meals to be served (approximate number):**

**Breakfast**_____ **Lunch**_____ **Dinner**_____

***Renovations*:**

Projected Date for **Start** of Project: _____

Projected Date for **Completion** of Project: _____

***New Establishment/Change of Owner:***

Projected Open Date: _____

Type of Service: (check all that apply)

□ Sit Down Meals □ Take Out □ Caterer □ Mobile Vendor □ Other

## CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

### Please enclose the following documents:

1. Provide plans drawn to scale of food establishment that show the location of equipment, plumbing, electrical services and mechanical ventilation. Plans must be a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans. Plans should have all sinks and equipment labeled.

2. Site plan showing location of business in building; location of building on site including alleys and streets; and location of any outside equipment (dumpsters, well, septic system if applicable).

3. Proposed Menu (including seasonal, off-site and banquet menus).

## WATER SUPPLY

1. Water supply is:

   ☐ Public ☐ Private

   If private, has source been approved?

   ☐ Yes ☐ No ☐ Pending (Please attach copy of written approval and/or permit.)

2. Ice is made:

   ☐ On Premises ☐ Purchased Commercially

   How is the ice scoop being stored and how is it being protected from contamination: _____

   _____

3. Is the hot water generator sufficient for the needs of the establishment at peak times of operation?

   ☐ Yes ☐ No

## SEWAGE DISPOSAL

1. Is building connected to a municipal sewer?

   ☐ Yes ☐ No

   If no, is private disposal system approved?

   ☐ Yes ☐ No ☐ Pending (Please attach copy of written approval and/or permit.)

## FINISH SCHEDULE

The finishes of the floors, walls, and ceilings in food establishments shall be smooth, durable, easily cleanable, and be nonabsorbent in areas exposed to moisture. Floor wall junctures shall be coved. Applicant must indicate which materials (quarry tile, stainless steel, 4” plastic coved molding, etc.) will be used in the following areas:

| | FLOOR | COVING | WALLS | CEILING |
|---|---|---|---|---|
| Kitchen | | | | |
| Bar | | | | |
| Food Storage | | | | |
| Toilet Rooms | | | | |
| Mop service basin area | | | | |
| Ware washing area | | | | |
| Walk-in refrigerators and freezers | | | | |

## SINK REQUIREMENTS AND BACK FLOW PREVENTION

1. Is a mop sink present?

   ☐ Yes ☐ No

2. If the menu dictates, is food preparation sink present?

   ☐ Yes ☐ No

3. Are back-flow prevention devices installed on any water supply where a hose can be connected?

   ☐ Yes ☐ No

4. Is there an air gap separating the faucet and the flood rim on all sinks?

   ☐ Yes ☐ No

## GENERAL

1. Are pesticides stored separately from cleaning & sanitizing agents?

   ☐ Yes ☐ No

2. Are all toxics for use on the premises or for retail sale (this includes personal medications), stored away from food preparation and storage areas?

   ☐ Yes ☐ No

3. Are all containers of toxics including sanitizing spray bottles clearly labeled?

   ☐ Yes ☐ No

4. Are food storage containers constructed of food grade materials to store bulk food products?

   ☐ Yes ☐ No

   Indicate types: _____

5. Is all lighting protected with a shatterproof shield?

   ☐ Yes ☐ No

6. Are all wall mounted pieces of equipment (such as a hand sink) properly sealed to the wall?

   ☐ Yes ☐ No

7. Are all large pieces of equipment easily moved for cleaning?

   ☐ Yes ☐ No

   If No, is the equipment elevated on legs to provide at least a six-inch clearance between the floor and the equipment?

   ☐ Yes ☐ No

## DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for ware washing? **Note: a three-compartment sink is always required in a facility that cleans food utensils/equipment even when a dishwasher is provided (4-301.12).**

   ☐ Dishwasher ☐ Three Compartment sink

2. Does the largest pot or pan fit into each compartment of the three-compartment sink?

   ☐ Yes ☐ No

3. Dishwasher (**must be commercial grade**). Type of sanitization used:

   ☐ Hot water (temp. provided) ☐ Booster heater ☐ Chemical type

4. Do all dish machines have temperature/pressure gauges or heat test strips as required that are accurately working?

   ☐ Yes ☐ No

5. Are there drain boards on the 3-compartment sinks?

   ☐ Yes ☐ No

6. What type of sanitizer is used and what concentration level is used? (Check the box of the chemical used and note the concentration used in your facility)

   ☐ **Chlorine Bleach**

   Concentration: _____

   ☐ **Quaternary Ammonium**

   Concentration: _____

   ☐ **Hot water**

   Temperature: _____

   ☐ **Other (Explain)** _____

   Concentration: _____

7. Are test papers and/or kits available for checking sanitizer concentration?

   ☐ Yes ☐ No

## HAND WASHING/TOILET FACILITIES

1. Is there a hand washing sink in each food preparation and ware washing area?

   ☐ Yes ☐ No

2. How many hand sinks will be available in the establishment (excluding restroom sinks)? _____

3. Do all hand washing sinks, including those in the restrooms, have the ability to adjust the temperature of water at the faucet?

   ☐ Yes ☐ No

4. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?

   ☐ Yes ☐ No

5. Is hot and cold running water available at each hand washing sink?

   ☐ Yes ☐ No

6. Is the hot and cold running water under pressure?

   ☐ Yes ☐ No

7. Is hand soap available at all hand washing sinks?

   ☐ Yes ☐ No

8. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks?

   ☐ Yes ☐ No

9. Are all hand sinks provided with disposable towels also equipped with a waste receptacle?

   ☐ Yes ☐ No

10. Is a hand washing sign posted at each hand washing sink?

    ☐ Yes ☐ No

11. Are all toilet room doors self-closing?

    ☐ Yes ☐ No

12. Are all toilet rooms equipped with adequate ventilation?

    ☐ Yes ☐ No

13. Waste receptacles, with lids, for feminine products available in all female restrooms?

    ☐ Yes ☐ No

## INSECT AND RODENT CONTROL

All permanent food establishments are required to have active pest control measures in place to include having a contract with a licensed pest control company or entity that can apply, when needed, approved pest control chemicals to food service and food preparation areas. A lack of visible evidence of pests does not negate the obligation for active pest control measures to be in place.

**Please enclose Insect/Rodent Control Agreement/ Most Recent Invoice**

1. Will all outside doors be self-closing and rodent proof?

   ☐ Yes ☐ No ☐ N/A

2. Are screen doors provided on all entrances left open to the outside?

   ☐ Yes ☐ No ☐ N/A

3. Do all openable windows have a minimum #16 mesh screening?

   ☐ Yes ☐ No ☐ N/A

4. Is area around building clear of unnecessary brush, litter, boxes and other harborage?

   ☐ Yes ☐ No ☐ N/A

**4.** Will you have an “open air” concept?

   ☐ Roll up doors/windows ☐ Nano doors ☐ Large windows ☐ Other

**5.** Air curtains or screens are required for open air concepts. Which type will you have?

   ☐ Air curtains ☐ Screens

## GARBAGE AND REFUSE

1. Will a dumpster be used?

   ☐ Yes ☐ No ☐ N/A

   Frequency of pick-up:

2. Is dumpster equipped with a tight-fitting lid(s)?

   ☐ Yes ☐ No ☐ N/A

3. Describe surface and location where dumpster/compactor/garbage cans are to be stored: _____

   _____

4. Describe location of grease storage receptacle: _____

   _____

## EMPLOYEES/PERSONNEL

1. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?

   ☐ Yes ***(Please enclose policy)*** ☐ No

   Please briefly describe: _____

   _____

2. Describe storage facilities for employees' personal belongings (i.e. purse, coat, boots umbrella, etc.): _____

   _____

3. Any employee that prepares, handles, dispenses food for human consumption, or comes into contact with food or food preparation utensils at any food establishment is required to obtain a food handler permit within **60 days** of commencement of employment. You may obtain a Callaway County Food Handler Permit in a classroom course by contacting the Callaway Health Department at 573-642-5750. Describe procedure for insuring employees obtain food handler training: _____

   _____

## FOOD SUPPLIES

1. Food shall be obtained from an approved source. Food prepared in a private home may not be used or offered for human consumption in a food establishment (3-201.11). Are all food supplies inspected and approved sources?

   ☐ Yes ☐ No

2. What are the projected frequencies of deliveries for:

Frozen foods_____ Refrigerated foods_____ Dry goods _____

## COLD FOOD STORAGE

1. Does each refrigerator/freezer have a thermometer that is accurate to within ±2° F?

   ☐ Yes ☐ No

   Number of refrigeration units: _____ Number of freezer units: _____

2. Are refrigeration units in good repair (door gaskets sealing properly, easy to clean surfaces)?

   ☐ Yes ☐ No

3. Will a soft serve machine be used in establishment?

   ☐ Yes ☐ No

4. How will soft serve machine be cleaned and how often? _____

   _____

## FOOD PREPARATION

1. Bare hand contact with ready-to-eat foods is prohibited. Describe how disposable gloves and/or utensils and/or food grade paper will be used to prevent bare hand contact with ready-to-eat foods? _____

_____

2. Do you have an HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority?

   ☐ Yes (Please Attach) ☐ No ☐ N/A

3. A variance application is required for a HACCP Plan. Please check all processes you will be doing.

   ☐ Custom processing for person use ☐ Sprouting seeds or beans

   ☐ Smoking food for preservation ☐ Curing food

   ☐ Acidification for preservation ☐ Reduced oxygen packaging

   ☐ Molluscan shellfish life support tank ☐ Other

## COOKING

1. A bimetallic stemmed thermometer that can check temperatures between 0° F and 220° F must be provided to check food temperatures.

   Is a thermometer that meets these criteria available?

   ☐ Yes ☐ No

2. List of types of cooking equipment: _____

_____

## HOT/COLD HOLDING

1. How will hot potentially hazardous foods be maintained at 135°F (60°C) or above during holding for service?_____

   _____

2. How will cold potentially hazardous foods be maintained at 41°F (5°C) or below during holding for service? _____

   _____

## REHEATING

1. How will potentially hazardous foods that are cooked, cooled and reheated for hot holding be rapidly reheated (within 2 hours) so that all parts of the food reach a temperature of at least 165°F for 15 seconds? Indicate type and number of units used for reheating foods: _____

   _____

   _____

## COOLING

Please indicate by checking the appropriate boxes how potentially hazardous foods will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also indicate where the cooling will take place.

| Cooling Method | Thick Meats | Thin Meats | Thin Soups/ Gravy | Thick Soups/ Gravy | Rice/ Noodles |
|---|---|---|---|---|---|
| **Shallow Pans** | | | | | |
| **Ice Baths** | | | | | |
| **Reduce Volume or Size** | | | | | |
| **Rapid Chill (explain process)** | | | | | |

## REQUIRED DOCUMENTS TO SUBMIT WITH APPLICATION

Use this section as a checklist reminder for you to ensure that all the required documents are being submitted with the initial application. All documents will be reviewed thoroughly to ensure compliance with state and local laws and regulations.

- Employee Sick Policy
- Special Processes/ HACCP Plan (scientifically validated by a process authority, if applicable)
- Proof of Food Handler Training
- Proof of Food Manager Training (if applicable)
- Sanitation Standard Operating Procedures (SSOPs)/ Deep Cleaning Schedule
- Floor Plans/ Schematics/ Blueprints of the food establishment
- Proof of pest control agreement
- Delivery schedule of food items
- Pest Control agreement/ invoice
- Proposed Menu

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

**Signature(s)** _____

_____

*Owner(s) or responsible representative(s)*

**Date:** _____

Approval of these plans and specifications by this Regulatory Authority **does not** indicate compliance with any other code, law, or regulation that may be required – federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

## NEW FOOD ESTABLISHMENT/ REMODEL / CHANGE OF OWNER

***Please send with all required documents to:***

CALLAWAY COUNTY HEALTH DEPARTMENT
ATTN: EVS
4950 County Road 304
Fulton, MO 65251

Phone: (573) 642-5750  Fax: (573) 642-2098

***PRIOR TO OPENING*** **- You must call our office at (573) 642- 5750 to schedule a pre-opening inspection with our health inspector. You cannot begin operating your business without prior approval from the Callaway County Health Department.**

**Failure to get approval to open will be in violation of Missouri Food Code.**

**Priority level and fee for permit renewal will be assigned after review of this application. We will mail and email an invoice.**

***Warning:*** *Failure to complete any question on this application in its entirety will result in the delay of your pre-opening inspection.*