

FOOD PERMIT APPLICATION

Date: _____

Name: _____

Facility Name: _____

Mailing Address _____

City: _____ State: MO ZIP: _____

Site Address: _____

City: _____ State: MO Zip: _____

Directions to site: _____

Home Phone Number: _____

Work Phone Number: _____

Food Establishment Information

Year Established: _____

___ Restaurant

___ Senior Citizen

___ New Facility

___ Caterer

___ USDA Summer Feeding

___ Existing Facility

___ School

___ Frozen Dessert

___ Plans for Remodeling

___ Institution

Establishment # _____

___ Temporary Food Stand

___ Tavern

___ Bakery

___ Convenience Store:

___ Delicatessen

___ Meat Cutting

___ Grocery Store

___ Catering

Date Attended Class: _____

I certify that the above information on this form is true and correct. I understand that false statements are punishable under Missouri law.

Owner/Representative Signature: _____

The person in charge and designated person(s) in charge must attend food handler's training annually.

FEES:

Training Fees A charge may be made for the cost of materials and supplies. \$10.00 per establishment

Additional Following any regular inspection, and additional fee will be \$ 25.00
Inspection Fees charged if a follow-up inspection is required.

Amount of fees – The amount of fees shall not be more than the cost of administrating this ordinance.

Copy this page and send to: St. Clair County Health Center, Attention Joe Hall, 530 Arduser Drive, Osceola, MO 64776.