



Permit # _____
Priority: H M L (circle one)

APPLICATION FOR FOOD ESTABLISHMENT PERMIT

Permit Fee
Amount Paid _____ Cash <input type="checkbox"/> Check # _____ Receipt # _____ Fee Exempt <input type="checkbox"/>

According to the applicable codes and ordinances:

1. No person shall operate a restaurant that does not have a current and valid permit issued by the Director of this Department
2. Establishments must comply with the requirements of the Missouri Food Code (the code) to receive or retain permit

This application is for (check all that applies):			
<input type="checkbox"/> Establishment in City of Springfield city limits	<input type="checkbox"/> Establishment in Greene County		
<input type="checkbox"/> Transfer of ownership	<input type="checkbox"/> Existing facility being remodeled	<input type="checkbox"/> Existing facility	<input type="checkbox"/> New construction
Water Source: <input type="checkbox"/> Public <input type="checkbox"/> Private		Waste Water: <input type="checkbox"/> Public <input type="checkbox"/> Private	

FOOD ESTABLISHMENT INFORMATION

Establishment Name: _____

Food establishment address: _____

Street City Zip Code

Phone# (_____) _____ Fax# (_____) _____

Email address: _____

OWNER INFORMATION

A) Ownership: **Corporation** **LLC**

Owner's Name: _____

If Corporation list CEO's name: _____

Mailing address/billing address (if different from above):

Street City Zip Code

Phone#(s) (_____) _____ Fax# (_____) _____

Email:(s) _____

B) Manager(s) (Person(s) directly responsible for the food establishment):

Name(s): _____

Phone #(s): _____

Email(s): _____

C) Supervisor (Immediate supervisor of the person(s) identified in B; such as district or regional supervisor)

Name(s): _____

Address: _____
Street City Zip Code

Phone #(s): _____

Email(s): _____

Hours of Operation:

S _____ M _____ T _____ W _____ TH _____ F _____ S _____

PLEASE READ PRIOR TO SIGNING APPLICATION:

- A) A PROPERLY COMPLETED APPLICATION SHALL BE SUBMITTED
- B) THE APPLICATION AND ACCOMPANYING DOCUMENTS SHALL BE REVIEWED FOR APPROVAL
- C) A PRE-OPENING INSPECTION OF THE ESTABLISHMENT WITH EQUIPMENT IN PLACE WILL BE CONDUCTED TO DETERMINE IF THE FACILITY COMPLIES WITH THE PROVISIONS OF THIS CODE
- D) ONLY ESTABLISHMENTS THAT HAVE COMPLETED THE ABOVE ITEMS SHALL BE APPROVED TO OPERATE AS FOOD ESTABLISHMENTS
- E) HEALTH PERMIT FEES WILL BE DETERMINED ACCORDING TO THE PRIORITY ASSESSMENT
- F) THE OWNER(S) AGREE TO:
 - a. COMPLY WITH THE MISSOURI FOOD CODE: <http://health.mo.gov/safety/foodsafety/foodcode.php>
 - b. ALLOW THE REGULATORY AUTHORITY ACCESS TO THE FOOD ESTABLISHMENT
 - c. PROVIDE RECORDS SPECIFIED BY THE MISSOURI FOOD CODE
 - d. ALL PERMIT FEES (IF APPLICABLE) MUST BE PAID PRIOR TO OPENING
 - e. MUST OBTAIN ALL OTHER APPLICABLE PERMITS AND LICENSES PRIOR TO OPENING

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINTED NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINTED NAME OF APPLICANT: _____

Please return application to:

Springfield-Greene County Health Department
Food Compliance
320 E. Central ST.
Springfield, MO 65802

Phone: (417) 864-1017
Fax: (417) 864-1466
www.health.springfieldmo.gov

For Office Use Only

Date Received: _____

Date Reviewed: _____

Notes: _____