



SPRINGFIELD -
GREENE COUNTY
HEALTH

APPLICATION FOR FOOD ESTABLISHMENT PERMIT

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 to receive and retain permit

ESTABLISHMENT IDENTIFYING INFORMATION

| | | | | | | |
|--|--------|---------|-----------|----------|--------|---------------|
| Name of Establishment: | | | | | | Phone Number: |
| Location (Street, City, State, Zip Code): | | | | | | |
| Mailing Address (Street, City, State, Zip Code): | | | | | | |
| Hours of Operation: | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |

ESTABLISHMENT INFORMATION

| | | | |
|---|--|--|--|
| <input type="checkbox"/> In City Limits of _____ | <input type="checkbox"/> Unincorporated Greene County | <input type="checkbox"/> Permanent Building | <input type="checkbox"/> Mobile Establishment (Mobile Food Establishment Application Required, click link below) |
| Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private | Wastewater Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private | health.springfieldmo.gov/mobileapp | |
| <input type="checkbox"/> New Establishment | <input type="checkbox"/> Existing Establishment | | |

ESTABLISHMENT ADMINISTRATION

| | | | | | |
|--|--------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------|
| Ownership: | <input type="checkbox"/> Association | <input type="checkbox"/> Corporation | <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership | <input type="checkbox"/> Other |
| A) OWNER(S), BOARD CHAIR OR PRESIDENT/AGENT - If more than one owner, list on the back and provide the information below | | | | | |
| Name: | | Title: | | Date of Birth: | |
| Address (Street, City, State, Zip Code): | | | | | |
| Telephone Number: | | Fax Number: | | E-mail Address: | |
| B) MANAGER(S) - Person(s) directly responsible for the food establishment. If more than one manager, indicate on the back. | | | | | |
| Name: | | Title: | | | |
| Address (Street, City, State, Zip Code): | | | | | |
| Telephone Number: | | Fax Number: | | E-mail Address: | |
| C) SUPERVISOR(S) - Immediate supervisor of the person identified in B) above; such as a district or regional supervisor. | | | | | |
| Name: | | Title: | | | |
| Address (Street, City, State, Zip Code): | | | | | |
| Telephone Number: | | Fax Number: | | E-mail Address: | |

CHECK ONE (1) OR MORE OF THE FOLLOWING:

1. Does not prepare, but offers for sale only pre-packaged food that is not potentially hazardous

2. Prepares only non-potentially hazardous foods

3. Prepares, offers for sale or serves potentially hazardous food:
 Only to order upon consumer's request;
 In advance in quantities based on projected consumer demand and discards food that is not sold or served at an approved frequency; **or**
 Uses time as the public health control as specified under §3-501.19 MO Food Code

4. Prepares potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous ingredients, cooking, cooling, reheating, hot or cold holding, freezing or thawing

5. Prepares food as specified in No. 4 above for delivery and consumption at a location off site of the food establishment where it is prepared

6. Food prepared as specified in No. 4 above for service to a highly susceptible population (i.e. child/adult day care, hospital, nursing home or senior center)

FOOD ESTABLISHMENT OPERATION CHARACTERISTICS
Please provide the following documents that address the following issues:

Menu

Detailed floor plans of the facility showing the layout of equipment types to include items such as stoves, refrigeration, freezers, work tables, hand sink(s), prep sink(s), dry good storage, etc. (If the facility is in the city limits of Springfield electronic plans must be submitted through building development services <https://www.springfieldmo.gov/216/Forms-Applications-Fees>) **For Mobile Food Establishments, a sketch or diagram is sufficient.**

Written standard operating procedures (SOPs) for cleaning the establishment & equipment, employee illness, verification of cooking & cooling temperatures and equipment monitoring (commercial dish machine and refrigeration temperatures)

Estimate number of meals served daily

PLEASE READ PRIOR TO SIGNING APPLICATION

- A) A properly completed application shall be submitted.
- B) The application and accompanying documents shall be reviewed and approved.
- 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 the Missouri Food Code.
- D) Only establishments that have completed the above items shall be approved to operate as food establishments.
- E) The owner(s) agree to:
 - a. Comply with the Missouri Food Code: <http://health.mo.gov/safety/foodsafety/pdf/missourifoodcode.pdf>
 - b. Allow the Springfield-Greene County Health Department access to the food establishment
 - c. Provide records specified by the Missouri Food Code
 - d. Pay all permit fees (if applicable) prior to opening
 - e. Obtain all other applicable permits and licenses prior to opening

| | |
|------------------------|-------|
| Signature of Owner(s): | Date: |
| Signature of Owner(s): | Date: |

| | |
|--|---|
| Please return application to: Springfield-Greene County Health Department Food Compliance 320 E Central St Springfield, MO 65802 Ph: 417.864.1017 Fax: 417.864.1466 https://www.springfieldmo.gov/Health | Please submit permit fee to: Springfield-Greene County Health Department Business Office 227 E. Chestnut Expressway Springfield, MO 65802 |
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FOR OFFICE USE ONLY

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|--|---|
| Date Received: | Date Reviewed: |
| Permanent Establishment Priority level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | Mobile Establishment Priority level: <input type="checkbox"/> High <input type="checkbox"/> Low |

Notes:
