



**Columbia/Boone County Department of Public Health
and Human Services**



APPLICATION FOR OPERATING PERMIT

FOR A FOOD SERVICE ESTABLISHMENT – BOONE COUNTY

OWNER INFORMATION

Owner Name: _____ DOB: _____

Mailing Address: _____
Street

City State Zip

Phone Number: (____) _____ Fax: (____) _____ Email: _____

Give name, address and phone number of a local contact below, if different from above:

Contact Name: _____ Title: _____

Mailing Address: _____
Street

City State Zip

Phone Number: (____) _____ Email: _____

Is owner an: _____ association _____ corporation _____ individual _____ partnership
_____ other legal entity: _____

Give name and phone number of an after-hours, emergency contact below, if different from above:

Contact Name: _____ Phone: (____) _____

ESTABLISHMENT INFORMATION

Establishment Name (DBA): _____

Location: _____
Street

City State Zip

Phone Number: (____) _____ Fax: (____) _____

_____ mobile concession _____ temporary | number of seats: _____

_____ permanent/fixed location business | hours: _____

Gross annual receipts (circle one): \$0 - \$250,000 \$250,000 - \$750,000 > \$750,000

(less gross revenues not related to food)

Public Health Priority (circle one): LOW MEDIUM HIGH

(based on the assessment criteria below)

HIGH PRIORITY

A facility that meets any two of the following criteria:

- ◆ Prepares, cooks and serves potentially hazardous foods for later service
- ◆ Holds multiple quantities/items (>2 gallons) hot foods for 4 or more hours
- ◆ Reheats multiple quantities/items (>2 gallons) leftover foods from previous servings or preparations
- ◆ Serves to a highly susceptible population (schools, child care, nursing home, hospital)
- ◆ Previous inspections indicate consecutive critical violations and the supervisor determines that it is high priority

MEDIUM PRIORITY

A facility that:

- ◆ Cooks and serves potentially hazardous foods
- ◆ Holds hot foods for less than 4 hours
- ◆ Discards all food that has been in hot holding
- ◆ Retail grocery establishments with meat market

LOW PRIORITY

A facility that:

- ◆ Prepares limited amounts of non-potentially hazardous foods
- ◆ Sells prepackaged food
- ◆ May have soft drink dispensing
- ◆ Microwave of commercially prepackaged foods
- ◆ Any facility that does not meet the high or medium priority criteria

Estimated operating permit fee is based on the following chart. Final determination of the public health priority will be made by the administrative authority. If fee needs to be adjusted, the operator will be notified of the adjustment by mail.

		PUBLIC HEALTH PRIORITY		
		LOW	MEDIUM	HIGH
GROSS RECEIPTS	\$0 - \$250,000	\$150	\$225	\$300
	\$250,000 - \$750,000	\$225	\$300	\$370
	> \$750,000	\$300	\$370	\$450

Permit Fee:\$_____

If new construction, please attach a proposed menu for the food service establishment and submit plans with this application. A permit will be issued upon successful completion of a post-construction inspection.

I attest that the information on this application is accurate and true and that I will comply with all of the Boone County Food Codes regulating a food service establishment and will allow Columbia/Boone County Department of Public Health and Human Services personnel access to the establishment at times it is in operation or work is being done.

Signed _____ Title _____ Date _____

Please return completed application to:
Columbia/Boone County Department of Public Health and Human Services
Division of Environmental Health
1005 W. Worley Street
Columbia, MO 65203
Phone: (573) 874-7346 FAX: (573) 817- 6407