

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

## APPLICATION FOR OPERATING PERMIT FOR A FOOD SERVICE ESTABLISHMENT



## **OWNER INFORMATION**

Owner Name:			DOB:		
-	Street				
_	City		State		Zip
Phone Number:(_	)	Fax:()		Email:	
	of town, give name, a			ocal contact be	low:
	Ctroot				
<b>o</b> –	Street				
_	City		State	Zip	
Phone Number:	()		Email:		
Is owner an:	_association	_corporation	individual	partne	ership
	_other legal entity:				
	ENT INFORMATIO				
Establishinent ival	me (DBA):				
Location: Stree		· · · · · · · · · · · · · · · · · · ·			
City			State		Zip
	() MPORARY CHECKED BELOW ABLISHMENT FORM MUST AL		Fax: (	)	
mobile cond	cessiontempo	orary	number of	seats:	
permanent/	fixed location		business h	nours:	
Have plans been s Have plans been s	zardous foods be prep submitted to the Heali submitted to Protectiv n for a business licens	th Department? e Inspection/C	ounty Planning &	Building?	NO YES NO YES NO YES NO

Please submit plans and a proposed menu for the food service establishment. 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 City of Columbia Health Code ordinances/Boone County 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	Date
zigitod	Dato

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
(573) 874-7346

**Intended Menu:**