

Lafayette County Health Department

Primary Accreditation · Since September 2006 547 South Business Hwy. 13 · Lexington, Missouri 64067-1437 (660) 259-4371 · Fax (660) 259-6250



Web page: www.lafayettecountyhealth.org

APPLICATION FOR FOOD ESTABLISHMENTS

In accordance with Lafayette County Health Ordinance and MO. Food Code (Section 8-301,11) a person may not begin operation or extensive renovation of a food establishment without obtaining written approval issued by the regulatory authority. An application shall be submitted at least thirty (30) calendar days before the date planned for opening or renovating. The application shall be completed by an owner or officer of the legal ownership. This does not apply to temporary food establishments.

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FACILITY IDENT	TIFYING	INFORMATIO	N								
NAME OF FACILITY								TELE	TELEPHONE NUMBER		
LOCATION (STREET, CITY, STATE, ZIP CODE, COUNTY)							HOURS OF OPERATION				
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)											
FACILITY ADM	IINISTE	RATION									
OWNERSHIP:		Association		Corporation		Individ	ual		Partnership		Other
A) OWNER(S), BOARD CHAIR OR PRESIDENT— If more than one owner, list on the back and provide the information below.									pelow.		
NAME							TITLE				DATE OF BIRTH
ADDRESS (STREET, C	ITY, STAT	E, ZIP CODE)									
TELEPHONE NUMBER	EPHONE NUMBER FAX NUMBER										
B) MANAGER(S)—Person(s) directly responsible for the food establishment. If more than one manager, indicate on the back.											
NAME	NAME				TITLE					DATE OF BIRTH	
ADDRESS (STREET, C	ITY, STAT	E, ZIP CODE)									I
TELEPHONE NUMBER			FAX NUMBER			E-MAIL ADDRESS		ESS			
C) SUPERVISOR(S)—Immediate supervisor of the person identified in B) above; such as a district or regional supervisor.											
NAME						TITLE				DATE OF BIRTH	
ADDRESS (STREET, CITY, STATE, ZIP CODE)											
TELEPHONE NUMBER	PHONE NUMBER FAX NUMBER				E-MAI			E-MAIL ADDRE	AIL ADDRESS		
FACILITY TYPE: NEW EXISTING MOBILE STATIONARY											
CHECK ONE (1) OR MORE OF THE FOLLOWING:											
Does not prepare, but offers for sale only pre-packaged food that is not potentially hazardous.											
Prepares only non-potentially hazardous foods.											
Prepares, offers for sale, or serves potentially hazardous food; only to order upon a consumer's request, or in advance in quantities based on project demand and discards food that is not sold or served, or uses time as the public health control as specified under 3-501.19											
Prepares potentially hazardous food in advance using a food preparation method that involves two or more steps (cooking, cooling, reheating, hot or cold holding, freezing or thawing) which may include combining potentially hazardous ingredients.											
Food preparation methods that involve two or more steps, with delivery to and consumption at a location off the premise of the food establishment.											
Food preparation methods that involve two or more steps, for service to a highly susceptible population (i.e. child/adult day care, hospital, nursing home or senior center)											



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OOD ESTABLISHMENT OPERATION CHARACTERISTICS—Provide pertinent operational characteristics. At least, the following items shall be ddressed:							
Menu							
Food storage equipment (dry go	age equipment (dry goods and refrigerated).						
	hematic drawing of the floor plan of the kitchen and dining areas showing the layout of equipment including: stoves, refrigeration, freezers, work oles, hand sink(s), prep sink(s), dry good storage, etc.						
Standard procedures for cleaning refrigeration temperatures) will be	tandard procedures for cleaning, employee illness, verification of cooking temperatures, equipment monitoring (commercial dish machine and efrigeration temperatures) will be written.						
Estimate of number of meals ser	rved daily.						
PLEASE READ PRIOR TO SIGNIN	IG APPLICATION						
A) A properly completed application sl	hall 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 this							
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/foodcode.php							
b. Allow the regulatory authority access to the food establishment							
c. Provide records specified by the	Missouri Food Code						
SIGNATURE OF OWNER(S)			DATE:				
SIGNATURE OF OWNER(S)			DATE:				
SUBMIT FORM TO							
FOR REGULATORY USE ON	LY						
APPLICATION APPROVAL							
APPROVED TO OPEN	EPHS SIGNATURE		DATE:				
□ NOT APPROVED TO OPEN	EPHS SIGNATURE	1	DATE:				
If not approved to open, provide the aptake to qualify for approval. The applications	oplicant with a notice that includes speciant has the right of appeal as specified	cific reasons and code citations for the in Chapter 536 RSMo.	denial and actions the applicant must				