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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.

FACILITY IDENTIFYING INFORMATION

NAME OF FACILITY	TELEPHONE NUMBER
LOCATION (STREET, CITY, STATE, ZIP CODE, COUNTY)	HOURS OF OPERATION
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	

FACILITY ADMINISTRATION

OWNERSHIP : Association Corporation Individual Partnership Other

A) OWNER(S), BOARD CHAIR OR PRESIDENT— 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	

B) MANAGER(S)—Person(s) directly responsible for the food establishment. If more than one manager, indicate on the back.

NAME	TITLE	DATE OF BIRTH
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	DATE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
TELEPHONE NUMBER	FAX NUMBER	E-MAIL 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)

FOOD ESTABLISHMENT OPERATION CHARACTERISTICS—Provide pertinent operational characteristics. At least, the following items shall be addressed:

- Menu
- Food storage equipment (dry goods and refrigerated).
- Schematic drawing of the floor plan of the kitchen and dining areas showing the layout of equipment including: stoves, refrigeration, freezers, work tables, hand sink(s), prep sink(s), dry good storage, etc.
- Standard procedures for cleaning, employee illness, verification of cooking temperatures, equipment monitoring (commercial dish machine and refrigeration temperatures) will be written.
- Estimate of 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 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:
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SIGNATURE OF OWNER(S)	DATE:
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SUBMIT FORM TO

FOR REGULATORY USE ONLY

APPLICATION APPROVAL

<input type="checkbox"/> APPROVED TO OPEN	EPHS SIGNATURE	DATE:
<input type="checkbox"/> NOT APPROVED TO OPEN	EPHS SIGNATURE	DATE:

If not approved to open, provide the applicant with a notice that includes specific reasons and code citations for the denial and actions the applicant must take to qualify for approval. The applicant has the right of appeal as specified in Chapter 536 RSMo.