

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT  
Logan County Health Department



**Food Establishment:** Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Location \_\_\_\_\_ Hours of Operation \_\_\_\_\_

**Applicant:** Name \_\_\_\_\_ Age ≥ 18?  Yes  No Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_

**Permit Holder:** Permit to be issued to:  Applicant  Other Legally Responsible Entity \_\_\_\_\_

**Ownership:**  Individual  Association  Corporation  Partnership  Other Legal Entity  
Persons comprising legal ownership (Owners, Officers, Local Resident Agent): Continue on reverse if necessary.  
Names, Titles, Addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person Directly Responsible For Establishment (Manager, Person-In-Charge):**  
Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**Immediate Supervisor of Person Directly Responsible (Zone, District, Regional Supervisor):**  
Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**Type Establishment:**  Mobile or  Stationary  Permanent or  Temporary (≤ 14 days)  
 Restaurant (includes fast food, caterer, commissary, concession stand, bed & breakfast inn, camp, feeding site)  
 Retail food store (grocery store, convenience store, meat market) → No. of Checkout Stations: \_\_\_\_\_  
 Retail food store specialty dept. (deli, bakery, seafood)  
 Institution (hospital, jail, school, child care center, adult care center, nursing home, personal care home)  
 Bar or Tavern  Vending  Food Bank  
Meals/Services Provided:  Breakfast  Lunch  Dinner  Sit Down  Take Out  Delivery  Mail Order  
Seating Capacity = \_\_\_\_\_ Average number of meals served per day = \_\_\_\_\_  
\_\_\_\_ Yes \_\_\_\_ No Serve highly susceptible population? (preschool children or immunocompromised or older adults in a facility that provides health care or assisted living services – day care center; hospital; nursing home; personal care home)

**Type Operation:** Attach sample menu or list menu on reverse.  
(PHF = potentially hazardous food; food that requires temperature control.)  
 No PHF Prepackaged non-PHF only or limited prep of non-PHF.  
 Limited 1 or 2 main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF. Limited advance prep. For next day service. Raw ingredients require minimal assembly. Includes retail food stores (excluding specialty depts..)  
 Full Preparing PHF using 2 or more steps which may include cooking, cooling, reheating, hot and cold holding, freezing, or thawing. Extensive handling of raw ingredients. Advance prep. for next day service. Includes retail food store specialty depts..

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

<b>For Health Department Use Only</b>			
Date Received: _____	Reviewed By _____	Permit Fee _____	
Permit <input type="checkbox"/> Issued <input type="checkbox"/> Denied	Date _____	Permit No. _____	Comments _____