

Department of Community Development  
320 East McCarty Street  
Jefferson City, Missouri 65101

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Phone: (573) 634-6410  
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## Food Establishment Permit Application

### Instructions:

- Return completed application at least 30 days prior to planned opening date to the City of Jefferson Health Division.
- All food inspection fees are due before an operating permit will be issued. Food inspection fees must be paid to the Jefferson City Finance Department after completing the food establishment permit application and a City Business License application.
- Pre-opening inspection does not guarantee a permit will be issued.

**PLEASE NOTE: Filling out this application does NOT guarantee you permission to operate. You MUST contact the Jefferson City Health Division for a pre-opening inspection at least 7 days prior to opening.**

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Date of Application: \_\_\_\_\_

### Reason for application:

\_\_\_ New Facility      \_\_\_ Change of Owner      \_\_\_ Facility Remodeled      \_\_\_ Other

### Please check type of Establishment:

\_\_\_ Restaurant      \_\_\_ Grocery Store      \_\_\_ Convenience Store      \_\_\_ Catering      \_\_\_ Tavern

### Establishment/Vendor Information

Establishment/Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Is your establishment Smokefree? Yes  No

Is the seating capacity of your establishment 50 persons or more?\* Yes  No

**\*If yes, you are required by state law to have a designated non-smoking area.**

Missouri Revised Statutes Section 191.767 states "No public place shall have more than thirty percent of its entire space designated as a smoking area."

### Owner Information

Owner Name: \_\_\_\_\_

\_\_\_ Association      \_\_\_ Corporation      \_\_\_ Individual      \_\_\_ Partnership      \_\_\_ Other legal entity

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Pre-Opening Inspection Checklist

The pre-opening inspection checklist is used by the Jefferson City Health Division as a tool to assist in determining a Food Establishment's eligibility to operate. The Food Establishment still must comply with all the requirements of the Jefferson City Food Code. In the event there is a conflict or a discrepancy between the Food Code and the pre-opening inspection checklist, the Food Establishment must comply with the Food Code.

Item	Yes	No	N/A
<b>1. Water Source</b>			
A. Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Sewage Disposal</b>			
A. Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Grease trap/interceptor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Floors</b>			
A. Grease resistant, easily cleanable and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Coved floor-wall juncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Walls/Ceilings</b>			
A. Constructed or painted of light color, smooth and easily cleanable, nonabsorbent materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Ceiling constructed so that no beams or piping are exposed overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Hand sinks</b>			
A. Hand sinks provided in the following areas:			
- Food preparation area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Dishwashing area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Busing, wait station, service area(s) - Bar area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hand sinks provide hot water with a temperature of at least 110°	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Three Compartment Sink</b>			
A. Three compartment sink provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hot and cold running water supplied to all compartments and drain stoppers provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Adequate drain boards provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Commercial Dishwasher</b>			
A. Dishwashing machine provides a final hot water rinse of 160°F or greater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Dishwashing machine sanitizes with a chemical sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Test Strips for Chemical Sanitizer</b>			
A. Test strips provided for dishwashing machine (if chemical final rinse) or 3-comp. sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Iodine			
B. Buckets/spray bottles for wiping clothes provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Iodine			
<b>9. Service Sink (Mop Sink) provides hot and cold running water</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Refrigeration/Freezer Units</b>			
A. Potentially hazardous food is held at 41°F or below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Freezer holds foods frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Hot Holding Units hold food at 140°F or above</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Temperature Measuring Devices</b>			
A. Located in hot and cold holding units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Available for food monitoring (0° - 220°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Storage Areas</b>			
A. Shelves easily cleanable and properly constructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Shelving provided to store all items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Food and food related items stored 6 inches above floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Have major renovations occurred (plumbing, electrical, new equipment, etc)?</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Equipment</b>			
A. Permanent equipment in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Properly spaced for easy cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>16. Food Contact Surfaces</b>			
A. Good condition, smooth and easily cleanable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Washed and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. Non-Food Contact Surfaces clean to sight and touch</b>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. Toxic Materials</b>			
A. Storage location away from food and food related items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Proper labeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19. Ventilation</b>			
A. Hood system adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hood system clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>20. Pest Control</b>			
A. Establishment free from rodents and insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Outer openings properly protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Professional pest control provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>21. Lighting</b>			
A. Adequate lighting provided over food prep, utensil washing, storage and restroom areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Light fixtures properly shielded in food prep, dish-rooms, and storage areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>22. Refuse</b>			
A. Trash receptacle provided outside the establishment with a tight fitting lid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Maintained in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>23. Demonstration of Knowledge</b>			
A. Person-In-Charge has a certificate in Food Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Person-In-Charge is able to demonstrate knowledge of food-borne diseases, HACCP, food safety, proper food handling, etc (Jefferson City Food Code, sec 2-102.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>24. Consumer Advisory</b>			
A. Customers may order meat, eggs, shellfish and other items undercooked (rare, med-rare, raw)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If YES to "A", a Consumer Advisory must be in place (Jefferson City Food Code, sec 3-603.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25. Employee Health Policy is communicated to establishment's staff (Jefferson City Food Code), sec 2-2</b>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please submit plans for the food establishment to the City of Jefferson Department of Community Development. Plans will be reviewed by the City of Jefferson Planning Division, Building Regulations Division, Health Division, and Fire Department. Inspections **must be completed** by these divisions before a City Business License will be approved.

Has a menu been submitted for the food establishment?  Yes  No

Has an application for a business license been submitted to the City of Jefferson Finance Department?  Yes  No

**A valid food operating permit and City Business License must be obtained from the City of Jefferson before a food establishment is allowed to open.**

The undersigned manager or owner does hereby make application to operate a Food Establishment in compliance with the Rules and Regulations of City of Jefferson, Division of Health. I affirm by completing and signing this Food Service Establishment Operating Permit Application that I will allow the City of Jefferson, Division of Health personnel access to the establishment at times it is in operation or work is being done.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**Please return completed application to:  
City of Jefferson, Department of Community Development  
Division of Health  
320 E. McCarty St  
Jefferson City, MO 65101**