



Columbia/Boone County Department of Public Health and Human Services



APPLICATION FOR OPERATING PERMIT

FOR A FOOD SERVICE ESTABLISHMENT – BOONE COUNTY

OWNER INFORMATION

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

Mailing Address: \_\_\_\_\_
Street
City State Zip

Phone Number:(\_\_\_\_)\_\_\_\_\_ Fax:(\_\_\_\_)\_\_\_\_\_ Email:\_\_\_\_\_

Give name, address and phone number of a local contact below, if different from above:
Contact Name:\_\_\_\_\_ Title:\_\_\_\_\_

Mailing Address: \_\_\_\_\_
Street
City State Zip

Phone Number: (\_\_\_\_)\_\_\_\_\_ Email:\_\_\_\_\_

Is owner an: \_\_\_\_association \_\_\_\_corporation \_\_\_\_individual \_\_\_\_partnership
\_\_\_\_other legal entity:\_\_\_\_\_

Give name and phone number of an after-hours, emergency contact below, if different from above:
Contact Name:\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

ESTABLISHMENT INFORMATION

Establishment Name (DBA):\_\_\_\_\_

Location: \_\_\_\_\_
Street
City State Zip

Phone Number: (\_\_\_\_)\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_

\_\_\_\_mobile concession \_\_\_\_temporary number of seats:\_\_\_\_\_
\_\_\_\_permanent/fixed location business hours:\_\_\_\_\_

Gross annual receipts (circle one): \$0 - \$250,000 \$250,000 - \$750,000 > \$750,000
Public Health Priority (circle one): LOW MEDIUM HIGH

**HIGH PRIORITY**A facility that meets any two of the following criteria:

- ◆ Prepares, cooks and serves potentially hazardous foods for later service
- ◆ Holds multiple quantities/items (>2 gallons) hot foods for 4 or more hours
- ◆ Reheats multiple quantities/items (>2 gallons) leftover foods from previous servings or preparations
- ◆ Serves to a highly susceptible population (schools, child care, nursing home, hospital)
- ◆ Previous inspections indicate consecutive critical violations and the supervisor determines that it is high priority

**MEDIUM PRIORITY**

A facility that:

- ◆ Cooks and serves potentially hazardous foods
- ◆ Holds hot foods for less than 4 hours
- ◆ Discards all food that has been in hot holding
- ◆ Retail grocery establishments with meat market

**LOW PRIORITY**

A facility that:

- ◆ Prepares limited amounts of non-potentially hazardous foods
- ◆ Sells prepackaged food
- ◆ May have soft drink dispensing
- ◆ Microwave of commercially prepackaged foods
- ◆ Any facility that does not meet the high or medium priority criteria

Estimated operating permit fee is based on the following chart. Final determination of the public health priority will be made by the administrative authority. If fee needs to be adjusted, the operator will be notified of the adjustment by mail.

		PUBLIC HEALTH PRIORITY			
		LOW	MEDIUM	HIGH	
Permit Fee:\$ _____	GROSS RECEIPTS	\$0 - \$250,000	\$150	\$225	\$300
		\$250,000 - \$750,000	\$225	\$300	\$370
		> \$750,000	\$300	\$370	\$450

If new construction, please attach a proposed menu for the food service establishment and submit plans with this application. 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 Boone County Food 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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**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**  
**Phone: (573) 874-7346 FAX: (573) 817- 6407**