

PERMIT APPLICATION FOR FOOD ESTABLISHMENTS

JASPER COUNTY HEALTH DEPARTMENT

105 LINCOLN, CARTHAGE, MO 64836

PHONE: 417-358-0481 TOLL FREE 877-879-9131 FAX 417-358-0494

Services provided on a non-discriminatory basis. An affirmative action / equal opportunity employer.

PERSON APPLYING FOR PERMIT (Owner of Food Service Establishment)

NAME OF OWNER

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHONE

FOOD SERVICE ESTABLISHMENT

NAME OF ESTABLISHMENT

BILLING ADDRESS

CITY

STATE

ZIP CODE

PHONE

FAX NUMBER

STREET ADDRESS OF ESTABLISHMENT OR UNIT LOCATION

CITY

STATE

ZIP CODE

PHONE

FAX NUMBER

SEATING CAPACITY

TYPE OF OPERATION (Check One)

MOBILE - operated in various locations

PERMANENT

LIST ALL ITEMS ON MENU BELOW:

PERSON IN CHARGE OF DAILY OPERATIONS (MANAGER)

NAME & TITLE

ESTABLISHMENT ADDRESS

CITY

STATE

ZIPCODE

PHONE

I, the undersigned do attest to the accuracy of the information provided in this application, and affirm that I and the above named food establishment will comply with the Food Code and Jasper County Food Service Sanitation Ordinance, and allow the regulatory authority access to the establishment and to the records under §§ 3-203.12 and 5-205.13 and Subparagraph 8-201.14 (D) (6) For more information please refer to Missouri 1999 Food Code

Signed _____ Date _____

TO BE FILLED OUT BY HEALTH DEPARTMENT

Risk _____ Fee paid _____ Check # _____ Receipt # _____