Barry County Health Department
90 Barry County Dr., PO Box 207
Cassville, MO 65625
417-847-2114 FAX 417-847-2116
www.barrycountyhealth.com

PERMIT APPLICATION
FOR FOOD SERVICE ESTABLISHMENTS

PLEASE PRINT

Establishment
Name _____Phone_____

Mailing
Address_____City/State_____Zip_____
☐ Please check box if this is the address to use for primary correspondence

Physical Address (if different from above)_____

Owner
Name _____ Phone_____

Mailing
Address_____City/State_____Zip_____
☐ Please check box if this is the address to use for primary correspondence

Person Responsible for Daily Operations_____Phone_____

Establishment Email Address_____

Number of Certified Food Safety Manager(s) _____ *Please attach copy of certificate(s)*

Type of Establishment: (Please mark all that apply)
☐Restaurant ☐Tavern ☐Grocery ☐Convenience Store ☐Bakery ☐School/Senior Center
☐Annual Mobile ☐Other (Explain) _____

PLEASE CIRCLE:

Days of Operation: S M T W T F S Hours Open _____

Months of Operation 1 2 3 4 5 6 7 8 9 10 11 12

Average Number of Meals or Patrons Served Per Day: 1-150 151-400 over 400

Water Source: Public or Private Wastewater: Sewer or Private Septic

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Food Operations and Risk Assessment (Check all that apply)

Definition: PHF – Potentially hazardous foods (time/temperature controls required, also known as TCS foods)

_____ PHF items served/sold?
_____ PHFs cooked to order?
_____ PHFs prepared and held before service (will PHFs be hot held during service)?
_____ PHFs served from a buffet or salad bar?
_____ PHFs cooked and cooled or hot held for more than a single service?
_____ PHFs prepared from raw non-frozen ingredients?
_____ Is a Highly Susceptible Population (such as the elderly, people with a compromised immune system, or children under 4) the majority of people served?
_____ Use of Process requiring variance or HACCP Plan? (time as public health control, rice held by pH, etc)
_____ Offer Raw or Undercooked Food of Animal Origin?

Please include a schematic drawing of floor plan of kitchen showing the layout of stoves, refrigeration, freezers, worktables, hand sinks, prep sinks, food storage, beverage stations, warewashing, etc.

Please include a copy of menu

I certify that the information contained on this form is complete and true to the best of my knowledge. I affirm that the food establishment operation will comply with the Missouri Food Code and Barry County Food Service Sanitation Ordinance and allow the regulatory authority access to the food establishment. I understand any misrepresentation or omission of fact may render this application and any permit issued invalid.

If approved, I understand that food establishments permits may not be transferred from one person to another, from one location to another or from one type of operation to another.

Applicant's Signature_____Date_____

Return completed form, floor plan, menu and fee of $_____ for an annual permit.

OFFICE USE ONLY

_____	_____	_____	_____
Date Received	Permit Number	Approved By	PAID (date and amount)

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