

City of St. Louis Department of Health
 Bureau of Environmental Health Services
 Food & Beverage Control Program
 1520 Market St., Room 4051
 St. Louis, MO 63103
 (314)657-1539



HEALTH PERMIT APPLICATION FOR PERMANENT FOOD ESTABLISHMENT

IRS Tax ID No. _____
 or SSN: _____

- New Construction*
 Remodel*
 Existing/No Construction
 Mobile unit

Date of Application: _____
 Approximate Opening Date: _____

*Requires Plan Review

Business Information		Business Owner Information	
Name of Establishment		Company Name	
Name of Manager		Name of Owner	
Street Address		Street Address	
Zipcode	Ward No	City, State, Zip	
Phone		Phone	
Fax		Fax	
e-mail		e-mail	

- Yearly Operation** OR **Days of Operation** (circle all that apply)
- Monthly Operation** (circle all that apply) MON TUE WED THU FRI SAT SUN
- JAN FEB MAR APR MAY JUN
 JUL AUG SEP OCT NOV DEC
- Hours of Operation** _____

Number of "Persons In Charge" with a certified food manager's certificate: _____
One certificate must be provided prior to approval of permit. Additional certificates may be required based on the days and hours of operation.

If applicant is acting as agent for the business owner, provide the following:		
Name	Title	Phone
Street Address	City, State, Zip	

I hereby certify that the information provided is correct, and I fully understand that any deviation from this information without prior permission from the Health Department may nullify final approval. I understand that the permit application is only good for 90 days and that fees are non-refundable.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Type of Establishment:

<input type="radio"/> Dine-in Establishment	<input type="radio"/> Mobile Kitchen	<input type="radio"/> Daycare/Adultcare	<input type="radio"/> School
<input type="radio"/> Carry-out Establishment	<input type="radio"/> Mobile/Vending	<input type="radio"/> Drinking Establishment	<input type="radio"/> Vitalunch School
<input type="radio"/> Residential (Institution, nursinghome, hospital)	<input type="radio"/> Caterer	<input type="radio"/> Grocery/Convenience Store	<input type="radio"/> Grocery Store with limited food prep
<input type="radio"/> Snow Cone			

Establishment No. _____ Risk Priority: Low Medium High
 Plan Review: Yes No

Fee Paid: _____ Clerk: _____ Date: _____

Plan Review Information

The following documents must be submitted with application:

- Proposed Menu (including seasonal, off-site and banquet menus)
- Diagram of establishment drawn to scale showing equipment, plumbing, electrical, and mechanical services (architectural plans or hand sketches are acceptable)
- Equipment Schedule (list of equipment including model and specifications)
- Site Plan showing location of food establishment, outside equipment, dumpsters, and grease receptacles
- Indicate which finish materials will be used in each area for floors, walls, and ceilings
- Provide HACCP plan for the following specialized processing methods:

Reduced Oxygen Packaging/Vacuum Packaging	<input type="radio"/> Plan Included	<input type="radio"/> Do Not Perform
Use additives to render a food non-potentially hazardous	<input type="radio"/> Plan Included	<input type="radio"/> Do Not Perform
Curing and smoking for preservation	<input type="radio"/> Plan Included	<input type="radio"/> Do Not Perform
Molluscan shellfish tanks	<input type="radio"/> Plan Included	<input type="radio"/> Do Not Perform
Other specialized processing	<input type="radio"/> Plan Included	<input type="radio"/> Do Not Perform

Please provide the following information:

Average number of meals to be served daily _____

Food Storage

Number of deliveries per week: _____

Amount of space (in cubic feet) allocated for:

Dry storage shelving	_____
Refrigerated storage shelving	_____
Frozen storage shelving	_____

Hot Water

Location of hot water heater _____ Capacity _____

Is the hot water heater shared with another establishment? Yes No

Mechanical Dishwashing

Type: _____ Make: _____ Model: _____

Type of sanitizers to be used _____

Manual Dishwashing

Three/Four compartment sink: length _____ width _____ depth _____

Will largest utensil fit into each compartment of the sink? Yes No

Type of sanitizers to be used _____

Is storage facility available for employees' personal belongings? Yes No

Will linens be laundered on site? Yes No

if no, how and where will the linens be cleaned? _____

Name of refuse company: _____ Frequency of pickup: _____

Risk Assessment for NEW establishments only:			PHF= time and temperature controlled for safety	Point Total
Are potentially hazardous food (PHF) items served?	Yes (1.5)	No (0.5)		_____
Are PHFs prepared only in individual portions?	Yes (0.5)	No (1.5)		_____
Are PHFs served from a buffet, salad bar, or self service?	Yes (1.5)	No (1.0)		_____
Are PHFs cooked, held, and reheated?	Yes (1.5)	No (0.5)		_____
Are PHFs prepared from raw non-frozen ingredients?	Yes (1.5)	No (1.0)		_____
Are PHFs prepared and held before served?	Yes (1.5)	No (0.5)		_____
Are PHFs extensively handled with multiple step preparation?	Yes (1.5)	No (0.5)		_____
Average number of meals/patrons served per day	1-150 (0.5)	151-400 (1.0)	401 plus (1.5)	_____
Is critical population served? (children, seniors, etc)	Yes (1.5)	No (0.5)		_____
Risk Scale:	Low = less than .9 assessment total		Total points	[]
	Medium= .9 to 1.1 assessment total		(Divide total points by 9)	/9
	High= greater than 1.1 assessment total		Assessment Total	[]

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required- federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the laws governing food service establishments.