



## FOOD SERVICE PERMIT APPLICATION FORM

Community Development Department-Health Inspection Division  
111 E Maple St.  
P. O. Box 1019  
Independence, MO 64051-0519  
Phone: (816) 325-7803 Fax: (816) 325-7770  
www.independencemo.org

This form must be completed for all new and change of ownership facilities and for any changes to facility information. **If the information on this application changes, this department is to be notified. A final menu needs to be submitted with application. Picture identification is required to process application (i.e. driver's license, passport, etc.)** PLEASE PRINT LEGIBLY.

Facility Name: (as it will be shown on permit)		Phone: ( ) _____
		Fax: ( ) _____
Facility Address:	City: _____	Cell: ( ) _____
	Zip Code: _____	Email: _____
Anticipated Opening Date:	Is this food establishment located within a hotel, bar or office space? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### OWNERSHIP INFORMATION

Ownership Legal Type:  LLC  Corporation  Individual  Partnership  Local Government

Owner's Name:		Phone: ( ) _____
		Cell: ( ) _____
Owner's Address:	City/State: _____	Fax: ( ) _____
	Zip Code: _____	Email: _____
		Website: _____

### BILLING INFORMATION

Bill to: <input type="checkbox"/> Name below <input type="checkbox"/> Site <input type="checkbox"/> Owner		Phone: ( ) _____
		Cell: ( ) _____
Bill to Address:	City/State: _____	Fax: ( ) _____
	Zip Code: _____	Email: _____

### AUTHORIZED AGENT/EMERGENCY CONTACT INFORMATION:

**Authorized Agent (person affiliated with establishment after opening) for a corporation may sign this document in lieu of owner. No other agent's signature will be accepted.**

Primary Agent's Name and Title:		Date of Birth: _____
Address:	City/State: _____	Home: ( ) _____
	Zip Code: _____	Cell: ( ) _____
Secondary Agent's Name and Title:		Date of Birth: _____
Address:	City/State: _____	Home: ( ) _____
	Zip Code: _____	Cell: ( ) _____

The undersigned hereby applies for a permit to operate a Food Service Establishment pursuant to the City of Independence Food Code and hereby certifies that the undersigned has received a copy of the City of Independence Food Code. The undersigned hereby attest to the accuracy of the information provided in this application, and affirms that the undersigned will comply with the City of Independence Food Code and allow the Health Authority access to the establishment. **IT IS UNLAWFUL TO PROVIDE FALSE INFORMATION ON THIS DOCUMENT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

**Please answer the following questions regarding the establishment to be permitted.**

**Potentially Hazardous Foods (PHF)** is: Any food that consists in whole or in part of milk or milk products, whole eggs, meat, poultry, fish, shellfish, edible crustacean, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic micro-organisms. The term does not include clean, whole, uncracked, odor-free shell eggs or foods which have a pH level of 4.6 or below or a water activity (aw) value of 0.85 or less.

1. Will your establishment be open year-round? If not, how many months a year will you be open?		<input type="checkbox"/> Yes <input type="checkbox"/> No # _____		
2. Will you be selling only pre-packaged foods, excluding PHFs		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Will you be selling pre-packaged foods that include PHFs? If yes, how many registers are in the establishment?		<input type="checkbox"/> Yes <input type="checkbox"/> No # _____		
4. Will you be selling fountain drinks or fresh-brewed beverages?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Will you cut, grind, or process meat for retail sale?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Will you sell soft serve ice cream? If yes, how many machines? If yes, how many heads?		<input type="checkbox"/> Yes <input type="checkbox"/> No # _____ # _____		
7. Will you offer off-site catering services? (Does not include delivery only)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Will you prepare/manufacture foods for retail sale off-site?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. a. Will your business have a kitchen(s)? If yes, how many kitchen areas do you have in the establishment? (complete questions 12-20) b. In addition to the kitchens will you have a separate bar area? If yes, how many area?		a. <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ b. <input type="checkbox"/> Yes <input type="checkbox"/> No . # _____		
10. a. Will your business be selling from mobile stands, vehicles or other mobile devices? If yes, how many devices? b. Are they equipped with commercial grade equipment?		a. <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ b. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Check here if your establishment <b>does not</b> have a stand-alone kitchen. If checked, remaining questions are not applicable and do not need to be answered.	Kitchen 1 Name _____	Kitchen 2 Name _____	Kitchen 3 Name _____	
	(Ignore Parenthetical Values)			
11. Are potentially hazardous food (PHF) items served?	(1.5) (0.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are any PHF prepared in bulk?	(1.5) (0.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are PHF served from a buffet or salad bar?	(1.5) (1.0)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are PHF cooked, held and/or reheated?	(1.5) (0.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are PHF prepared from raw non-frozen ingredients?	(1.5) (1.0)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are PHF prepared and held before service?	(1.5) (0.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are PHF handled extensively using multiple steps in preparation?	(1.5) (0.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. What is the average number of meals or patrons served per day?	(0.5) (1.0) (1.5)	<input type="checkbox"/> 1-150 <input type="checkbox"/> 151-400 <input type="checkbox"/> Over 400	<input type="checkbox"/> 1-150 <input type="checkbox"/> 151-400 <input type="checkbox"/> Over 400	<input type="checkbox"/> 1-150 <input type="checkbox"/> 151-400 <input type="checkbox"/> Over 400
19. Are the majority of meals served to children under 18 or adults over 65? (i.e. daycare, school, senior nutrition site)	(1.5) (0.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>FOR OFFICE USE ONLY</b>				
<b>TOTAL POINTS</b>				
<b>Total Points Divided by 9</b>				
<b>&gt; 1.1 = High .9 – 1.1 = Medium &lt; .9 = Low</b>				