



PLATTE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
212 Marshal Road Platte City, MO 64079
Phone: (816) 858-2412 Fax: (816) 858-2087
Email: Food@plattehealth.com
www.plattecountyhealthdept.com

For office use only

Permit #: _____ Issue Date: _____
Rec'd by: _____ Date: _____
Amount: _____ Check#: _____
Risk Category : _____

FOOD ESTABLISHMENT PERMIT RENEWAL APPLICATION

Establishment Information:

Establishment Name: _____
Establishment Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____ Email Address: _____
Additional Email addresses (department managers, finance, etc.): _____

Mailing Address (if different from above): _____
Manager/Person in Charge: _____ Manager's/Person-in-Charge's E-mail address: _____

OWNERSHIP INFORMATION:

Ownership Type: Individual Association Corporation Partnership LLC Other
Legal Ownership/Owner Name: _____
Owner Address: _____ City: _____ State: _____ Zip Code: _____
Owner E-Mail: _____
Phone #: _____ Fax #: _____
Corporate Contact: _____ Phone #: _____

ESTABLISHMENT OPERATIONS:

Days and Hours of Operation:
 Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Please note any menu changes or attach a current menu to renewal application: _____

If you operate less than 12 months out of the year, what date does the establishment open and close? From: _____ to: _____

Does the establishment have a frozen dessert (soft serve) machine? Yes No
If yes, what is the frozen dessert license number and expiration date? License #: _____ Expiration: _____

What is the average number of meals or patrons served each day? 1-150 151-400 401+

Do you serve a highly susceptible population, such as small children or the elderly: Yes No

Billing Information: Billing information should be mailed to: Establishment Address Owner Address
 Other: Name: _____ Address: _____ City: _____ State: _____ Zip: _____

I, the undersigned, attest to the accuracy of information provided in this application and understand that any misrepresentation or omission of fact will render this application and any permit issued as invalid. I am familiar with the requirements of the Missouri Food Code and Platte County, Missouri's local food protection ordinance (Platte County, Missouri Government Code, Title II, Chapter 230) and I understand that my food permit may be suspended or revoked by the Platte County Health Department for failure to comply with the provisions in the Code. Once approved, I understand the food establishment permit is not transferrable from one person to another, from one location to another, or from one type of food service operation to another.

Signature of Applicant

Title

Date