



KCMO HEALTH DEPARTMENT
ENVIRONMENTAL PUBLIC HEALTH PROGRAM

2400 TROOST AVE, SUITE 3000
KANSAS CITY, MO 64108

Phone: (816) 513-6315 Fax: (816) 513-6290



Public Health

Food Establishment Permit Application

Instructions:

- Return completed application at least 30 days prior to planned opening date.
All fees are due at the pre-opening inspection with a check or money order made payable to the City Treasurer.
Pre-opening inspection does not guarantee a permit will be issued.
The City of Kansas City prohibits smoking in enclosed places of employment and all enclosed public places; KCMO Ordinance No. [R-2008-00067].

OFFICE USE ONLY
Permit #: Issue Date:
Rec'd by: Date:
Assigned to: District:
Amount: Check#:

PROCESSING FEE MUST BE SUBMITTED WITH THE APPLICATION AND IS NON REFUNDABLE.

PLEASE NOTE: Filling out this application does NOT guarantee you permission to operate. You MUST contact the Kansas City Health Department and speak with a Health Inspector in order to complete this application process.

Date: New Establishment Change of Owner

Applicant Name: Date of Birth:
(Applicant must be owner or an officer of the Legal Ownership of the Food Establishment)

Establishment/Vendor Information

Establishment/Vendor Name:
(Must be entered as it appears on storefront [DBA])

Address: City: Kansas City State: MO Zip:

Phone: Fax: E-mail:

Days of Operation: Hours of Operation:

Restaurant Type Establishments: Number of employees (both full-time and part-time):

Market Type Establishments: Total amount of square footage for the building:

Owner Information

Ownership Type (Check one): Individual Association Corporation Partnership LLC

Federal Tax ID #:

Owner(s) Name:
(Must be entered as it appears on federal tax letter)

Owner Address:

City: State: Zip:

Phone: Fax: E-mail:

Mail correspondence to: Food Establishment Address Owner/Alternate Address

Responsible Party

The Responsible Party is directly responsible for the food establishment. List the name of the individuals legally responsible for the operation; this may be the owner/permit holder, president of the corporation, manager of operations, or the manager of the LLC.

Cuisine Type

Please check one or more boxes to indicate the type of food you will be serving:

- | | | | | |
|---------------------------------------|-------------------------------------|---|--|--|
| <input type="checkbox"/> Bar & Grill | <input type="checkbox"/> Seafood | <input type="checkbox"/> Greek | <input type="checkbox"/> Thai | <input type="checkbox"/> Health Food |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Steak | <input type="checkbox"/> German | <input type="checkbox"/> Sushi | <input type="checkbox"/> Continental breakfast |
| <input type="checkbox"/> Cajun | <input type="checkbox"/> Kosher | <input type="checkbox"/> French | <input type="checkbox"/> Bar/Alcohol only | <input type="checkbox"/> Breakfast |
| <input type="checkbox"/> Hamburgers | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Coffee/Tea | <input type="checkbox"/> Salad bar |
| <input type="checkbox"/> Pizza | <input type="checkbox"/> Mexican | <input type="checkbox"/> Korean | <input type="checkbox"/> Brew pub | <input type="checkbox"/> Baked goods |
| <input type="checkbox"/> Barbeque | <input type="checkbox"/> Italian | <input type="checkbox"/> Indian | <input type="checkbox"/> Pre-Packaged food | <input type="checkbox"/> Dessert |
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Family Style | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Other: _____ | | | | |

Service Type

Please check one or more boxes to indicate the type of service you will offer:

- Buffet Table Counter Drive-thru Delivery Catering Carry out Samples

Please check one or more boxes to indicate the type of alcohol you will be serving:

- Wine Mixed drinks Beer Alcohol is not served

Please check one or more boxes to indicate the type of food preparation methods that will be used:

- | | | |
|---|--|--|
| <input type="checkbox"/> Serve/sell only pre-packaged potentially hazardous foods | <input type="checkbox"/> Hot and/or cold holding | <input type="checkbox"/> Thaw frozen product |
| <input type="checkbox"/> Combine raw ingredients to make a finished product | <input type="checkbox"/> Reheating for hot holding | <input type="checkbox"/> Time as a control |
| <input type="checkbox"/> Cool down cooked product for refrigeration | <input type="checkbox"/> Cook for hot holding | <input type="checkbox"/> Freezing |
| <input type="checkbox"/> Prepare large quantities in advance | <input type="checkbox"/> Cook to order | |

Pre-Opening Inspection Checklist

The pre-opening inspection checklist is used by the Food Protection Program as a tool to assist in determining a Food Establishment's eligibility to operate. The Food Establishment still must comply with all the requirements of the Kansas City Food Code. In the event there is a conflict or a discrepancy between the Food Code and the pre-opening inspection checklist, the Food Establishment must comply with the Food Code. Failure to meet the requirements at the time of the pre-opening inspection may result in a re-inspection fee.

Item	Yes	No	N/A
1. Water Source			
A. Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sewage Disposal			
A. Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Grease trap/interceptor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Floors			
A. Grease resistant, easily cleanable, and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Covered floor-wall juncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls/Ceilings			
A. Constructed or painted of light color, smooth and easily cleanable , nonabsorbent materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Ceiling constructed so that no beams or piping are exposed overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hand sinks			
A. Hand sinks provided in the following areas:			
-Food preparation area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Dishwashing area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Busing, wait station, service area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Bar area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hand sinks provide hot water with a temperature of at least 100°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Three Compartment Sink			
A. Three compartment sink provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hot and cold running water supplied to all compartments and drain stoppers provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Adequate drain boards provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item		Yes	No	N/A
7. Dishwasher		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Dishwashing machine provides a final hot water rinse of 165°F or greater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Dishwashing machine sanitizes with a chemical sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Test Strips for Chemical Sanitizer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Test strips provided for dishwashing machine (if chemical final rinse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Type of Sanitizer: Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Iodine <input type="checkbox"/>			
	B. Buckets/spray bottles for wiping cloths provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Type of Sanitizer: Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Iodine <input type="checkbox"/>			
9. Service Sink (Mop Sink) provides hot and cold running water		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Refrigeration/Freezer Units		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Potentially hazardous food is held at 41°F or below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Freezer holds foods frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Hot Holding Units hold food at 135°F or above		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Temperature Measuring Devices		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Located in hot and cold holding units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Available for food monitoring (0° - 220°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Storage Areas		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Shelves easily cleanable and properly constructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Shelving provided to store all items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Food and food related items stored 6 inches above floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have major renovations occurred (plumbing, electrical, new equipment, etc)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Permanent equipment in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Properly spaced for easy cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Food Contact Surfaces		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Good condition, smooth, and easily cleanable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Washed and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Non-Food Contact Surfaces clean to sight and touch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Toxic Materials		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Storage location away from food and food related items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Proper labeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Ventilation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Hood system adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Hood system clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Pest Control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Establishment free from rodents and insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Outer openings properly protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Professional pest control provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Lighting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Adequate lighting provided over food prep, utensil washing, storage, and restroom areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Light fixtures properly shielded in food prep and storage areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Refuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Trash receptacle provided outside the establishment with a tight fitting lid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Maintained in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Demonstration of Knowledge		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Person-In-Charge has a certificate in Food Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Person-In-charge is able to demonstrate knowledge of foodborne diseases, HACCP, food Safety, proper food handling, etc (KCMO Food Code, sec2-102.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Consumer Advisory		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Customers may order meat, eggs, shellfish and other items undercooked (rare, Med-rare, raw)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. If YES to "A", a Consumer Advisory must be in place (KCMO Food Code, sec 3-603.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Employee Health Policy is communicated to establishment's staff (KCMO Food Code, sec 2-2)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN ADDITION TO THIS APPLICATION, THE FOLLOWING MUST BE SUBMITTED 30 DAYS PRIOR TO SCHEDULING THE PRE-OPENING HEALTH INSPECTION:

- Copy of Permit Holder’s photo ID
- Copy of Federal Tax ID number letter
- Copy of the Fire Inspection Report (if required by the regulatory authority)
- Copy of the Menu Items to be served
- Copy of the City Planning & Development approved final inspection (if required by the regulatory authority)
- Processing fee in the form of check or money order

It is advisable to purchase a copy of the Kansas City, Missouri Food Code to ensure compliance with all regulations. Copies may be purchased from the Environmental Public Health Program for \$15. The Kansas City, Missouri Food Code is also available for free on our website: www.kcmo.org/health

Fee Information

Upon approval, Permit Fees will be collected at the Pre-Opening Inspection. Fees will be accepted ONLY in the form of a check or money order. NO CASH WILL BE ACCEPTED. A fee will be charged on all returned checks.

Please make check or money order payable to: CITY TREASURER

Restaurant Type Establishments	Number of employees on Payroll	
A place or section of a place where food is prepared and intended for individual portion service, and includes the site at which individual portions are provided. The term includes any such place regardless of whether consumption is on or off the premises and regardless of whether there is a charge for the food. The term includes delicatessens that offer prepared food in individual service portions. The term does not include private homes where food is prepared or served for individual family consumption, market type establishments, the location of food vending machines, and supply vehicles.	0-5	
	6-9	
	10-20	
	21-40	
	41-60	
	61 and more (Exact Number)	

Market Type Establishments	Amount of Square Footage	
An establishment wherein any place or section of a place where food and food products are offered to the consumer are intended for off-premise consumption. The term includes delicatessens that offer prepared food in bulk quantities only. The term does not include establishments which handle only pre-packaged, non-potentially hazardous foods; roadside markets that offer only fresh fruits and fresh vegetables for sale; restaurant type establishments; or food and beverage vending machines.	Less than 3,000	
	3,001-30,000	
	30,001-40,000	
	40,001-60,000	
	60,001-80,000	
	Each Additional 10,000sq.ft. (Exact sq.ft)	

Fee Due (this section to be completed by inspector):	
Processing fee for all new establishments and change of ownerships	\$
# of employees (restaurant OR square footage (market)? _____ (enter appropriate fee)	\$
Plan review fees paid? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (If no, enter plan review fee)	\$
Total fees due:	\$

I CERTIFY THAT THE INFORMATION SUPPLIED IN THIS APPLICATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF FACT WILL RENDER THIS APPLICATION AND ANY PERMIT ISSUED INVALID.

I AM FAMILIAR WITH THE CONTENTS OF THE KANSAS CITY, MISSOURI FOOD CODE AND UNDERSTAND THAT MY FOOD SERVICE PERMIT MAY BE SUSPENDED OR REVOKED BY THE HEALTH DEPARTMENT FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THE ORDINANCE (SEC 30-71 KCMO FOOD CODE ADOPTED).

IF APPROVED, I UNDERSTAND THAT FOOD ESTABLISHMENT PERMITS MAY NOT BE TRANSFERRED FROM ONE PERSON TO ANOTHER PERSON, FROM ONE LOCATION TO ANOTHER LOCATION, OR FROM ONE TYPE OF OPERATION TO ANOTHER TYPE OF OPERATION.

SIGNATURE: _____ TITLE: _____

FOOD INSPECTOR (PRINT): _____ APPROVAL DATE: _____