



FOOD ESTABLISHMENT OWNERSHIP/MENU CHANGE APPLICATION FORM

Fee Schedule: No Application will be accepted without payment received when submitted.

Place a check mark next to the fee submitted.

Cass County Food Establishment Application Fee (Must be paid at time of submission):

_____ \$150 allows up to 14 business days for application to be reviewed.

Cass County Yearly Operating Fees (Due at time of risk assessment completion)

_____ \$200 Low Risk

_____ \$300 Medium Risk

_____ \$400 High Risk

Please fill out the FOOD SERVICE COMPLEXITY SURVEY at the end of this application

Contact CCHD business office **816-380-8425** to arrange payment.

**Warning: Failure to complete any questions on this application in its entirety will result in the delay of your pre-opening inspection.

SUBMISSION of application DOES NOT guarantee immediate approval.

Review Process:

1. Complete and Submit application with applicable fee. Fill Food Establishment Application Form **if it is a New Establishment or you are Remodeling Food Service Establishment (change in building structure, location, or equipment)**.
2. Application will be reviewed within the timeframe as requested upon date of receipt.
 - If application is incomplete/ additional information is requested, Non-Approval letter will be issued requesting specific information. The review process is suspended until the applicant reply is received.
 - If application is complete/ applicant's reply to non-approval letter is accepted, Approval letter will be issued.
3. Applicant or representative must contact CCHD Environmental Services to schedule a pre-opening inspection approximately 5 days prior to anticipated opening date.

Additional Documents

HACCP (Hazard Analysis of Critical Control Points) documentation must be provided for applicant operators who intend to conduct special processes. Example: sous vide, reduced oxygen packaging including canning, acidified foods including sushi, fermentation, and smoking for preserving (not flavoring)

Mobile Units (Food Trucks) must provide a Commissary Agreement and copy of the Commissary's latest inspection report.

NAME OF ESTABLISHMENT:

ADDRESS OF ESTABLISHMENT:

EMAIL/PHONE NUMBER
(Please provide at least one contact method):

If you have any questions regarding this form, please contact the Health Department prior to submission.

What kind of Plan Review are you applying for?

Change of Ownership

Change of menu/cuisine (if yes, provide new menu and complete Food Service Survey)

Category:

Restaurant

Convenience Store

Grocery Store

Movie Theatre

Bar

Public School

Catering

Residential Type Facility

Mobile Food Unit
(Submit commissary agreement)

Other: _____

Billing:

Business Owner: _____

Mailing Address: _____

Invoice Billing Address: _____

Telephone: _____

Email: _____

Applicant's Name: _____

Title (owner, architect, etc.): _____

Mailing Address: _____

Telephone: _____

Email: _____

Fax Number: _____

My plans/applications have been approved by these authorities:

Codes/Zoning

Fire Department

Maximum occupancy: _____ Number of staff per shift (estimation): _____

Projected ownership handover date: _____

Is the establishment open all year? YES NO

*If NO please list **OPENING** date each year: _____ & **CLOSING** date each year: _____

Projected hours of operation:

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

Type of service provided (check all that apply)

- Sit down
 Take Out
 Caterer
 Mobile Vendor
 Other
 Buffet
 Drive-Thru
 Delivery

How many meals do you estimate you will be serving for each meal (If only serving certain meals please cross out the ones you will **not** be serving)

Meal	Breakfast	Lunch	Dinner	Curbside	Carry Out	TOTAL
Estimated # of meals						

- If applying to open a mobile food establishment, please see information located at the end of this application.

What type of food will you be serving? (Check all that apply)

- | | | | | |
|--|---|---|--|--------------------------------------|
| <input type="checkbox"/> Bar and 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 |
| <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"/> Pushcart | <input type="checkbox"/> Mobile Food Unit | <input type="checkbox"/> Ice Cream Shop | <input type="checkbox"/> Candy Shop | |

*OTHER: _____

Comments/Questions: _____

Food Service Survey

Potentially Hazardous Foods (PHF) are foods that are temperature dependent for preventing foodborne illness germ growth. They can allow uncontrolled germ growth if they are not maintained refrigerated or hot.

PHF is a term used by food safety organizations to classify foods that require time-temperature control to keep them safe for human consumption. A PHF is a food that:

- Contains moisture - usually regarded as a water activity greater than 0.85
- Contains protein (Example: chicken/beef/fish/etc.)
- Is neutral to slightly acidic - typically having a pH between 4.6 and 7.5 (example: salsa/pickles/homemade coleslaw etc.)

To accurately determine the risk priority of the establishment, the following questions must be answered and submitted with the application. The priority rating determines the minimum number of annual inspections and permit fees. *Please be accurate in completing the survey.

1	Are potentially hazardous food (PHF) items served? **See definition above	YES (1.5) NO (0.5)
2	Are PHF prepared only in individual portions? (An item not from a batch, only 1 item prepared at a time. Ex. Cooked to order steaks)	YES (0.5) NO (1.5)
3	Are PHF served from a buffet or salad bar?	YES (1.5) NO (1.0)
4	Are PHF carried over? Ex. Prepared for multiple (2-6) days service	YES (1.5) NO (0.5)
5	Are PHF prepared from raw non-frozen ingredients?	YES (1.5) NO (1.0)
6	Are PHF prepared and held before service? *Maintained on a hot table or cold wells	YES (1.5) NO (0.5)
7	Are PHF processed extensively with multiple steps in preparation? Ex. Smoking, fermenting	YES (1.5) NO (0.5)
8	Is a critical population served? Ex. Long-term care facility, school, immune compromised, etc.	YES (1.5) NO (0.5)
9	What is the average number of meals or patrons served per day?	1 – 150 (0.5) 151 – 400 (1.0) 400 plus (1.5)

Total Points _____ Divide by 9 _____

Results <0.9 Low Priority 0.9 to 1.1 Medium Priority >1.1 High Priority

Do NOT write below this line (for Health Department use only)

DATE:	REVIEWED BY:
FEE PAID:	SIGNATURE:
APPROVED NOT APPROVED	PERMIT NUMBER

Approval of these plans and specifications by the Cass County Health Department, Environmental Health Services Program; 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). Pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with local and state laws governing food service establishments.