



## FOOD ESTABLISHMENT APPLICATION FORM

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

Place check mark next to fee submitted.

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

\_\_\_ \$300 allows for 14 business days for the application to be reviewed.

**Expedited**

\_\_\_ \$400 allows for 7 business days for the application to be reviewed.

\_\_\_ \$600 allows for 2 business days for the 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 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. **No** construction or altering of premises is permitted until the Approval letter and the Construction Permit have been issued.
2. Application will be reviewed within the timeframe as requested upon date of receipt.
  - If application is incomplete/ additional information is requested, Non-Approval letters will be issued requesting specific information. The review process is suspended until the applicant reply is received.
  - If the application is complete/ applicant's reply to non-approval letter is accepted, Approval letter and Construction Permit 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. Facility must be ready to open; all construction must be complete.

**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)

A review of the submitted HACCP plan is required accompanied by a **\$600.00** review fee, due at the time of submission. Each hour of review after 8 hours shall have an additional cost of **\$15.00** per hour.

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

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

NAME OF ESTABLISHMENT:

ADDRESS OF ESTABLISHMENT:

Email/Phone number  
(Please provide at least one contact method):

What kind of Plan Review are you applying for?

New       Remodel       Conversion

Category:

Restaurant       Convenience Store       Grocery Store       Movie Theatre  
 Bar       Public School       Catering       Residential Type Facility  
 Mobile Food Unit       Other: \_\_\_\_\_

**Billing:**

Business Owner: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Invoice Billing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title (owner, architect, etc.): \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_

I have submitted plans/applications with the following authorities on the following dates:

Codes/Zoning: \_\_\_\_\_ Fire Dept: \_\_\_\_\_

My plans/applications have been approved by these authorities:

Codes/Zoning       Fire Department

Projected dates of construction: \_\_\_\_\_ to \_\_\_\_\_

Maximum occupancy: \_\_\_\_\_ Number of staff per shift (estimation): \_\_\_\_\_

Projected opening 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     
  Catering     
  Mobile Vendor  
 Buffet     
  Drive-Thru     
  Delivery     
  Other

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.

How many days are in between receiving food deliveries?

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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 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"/> Push Cart     | <input type="checkbox"/> Mobile Food Unit | <input type="checkbox"/> Ice Cream Shop | <input type="checkbox"/> Candy Shop        |  |

\*OTHER: \_\_\_\_\_

| <b>Kitchen:</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|
| Are handwashing sinks provided in all food prep areas?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do handwashing sinks provide water of 100°F or higher?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a separate food prep sink/culinary sink?<br>(Designated handwashing, 3-basin used for dishwashing, mop wastewater sinks may <u>NOT</u> be used for food prep) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If a hood system is required, does it cover all cooking surfaces & fryer equipment?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a grease trap or grease interceptor provided?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any sewer lines exposed in food preparation areas?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Bar:</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|
| Is a three-compartment sink provided at the bar?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a hand sink provided at the bar?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the hand sink provide hot water with a temperature of at least 100°F? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any sewer lines exposed in the bar area?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Storage:</b>   | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|---|--------------------------|--------------------------|--------------------------|
| Is shelving adequate to properly store all items needed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is shelving easily cleanable and in good condition?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any sewer lines exposed in any storage areas?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is an outside storage area provided?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will employee's personal belongings be separate from food/linens served to guest?<br>(Note: All employee belongings, such as lunches, must be stored separately and labeled from food to be used for establishment use. All bags and belongings must be separate from lines used for establishment use) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Dish Area:  | YES                      | NO                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| Is a three-compartment sink provided with drain boards?<br>(Note: This is mandatory in establishments that clean food utensils/equipment even if a dish washer is provided *4-301.12) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a dishwasher provided?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If a dishwasher is provided, does it sanitize using heat at minimum of 160°F?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If a dishwasher is provided, does it sanitize by using chemicals? * If yes, please list the chemical: _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a hand-washing sink provided at the dishwashing area that provides hot water with a temperature of 100°F?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any sewer lines exposed overhead in the dishwashing area?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Restrooms:   | YES                      | NO                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| Are public restrooms provided?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employee restrooms provided                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the hand sinks provide a water temperature of at least 100°F? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the restrooms have self-closing doors?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are restrooms ventilated to outside air?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Mop Sink/ Chemical Area:                                | YES                      | NO                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| Is a mop sink provided with hot and cold running water? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the mop sink located away from food prep areas?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Bussing Stations:</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|---|--------------------------|--------------------------|--------------------------|
| Are hand sinks provided at the bussing stations?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the hand sinks provide hot water at a temperature of at least 100°F? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Solid Waste Disposal:</b>   | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|
| Is an outdoor garbage disposal area provided?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a grease dumpster provided?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the outdoor garbage area easily cleanable and located on asphalt or concrete? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are outdoor garbage disposals covered with a sturdy lid?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Floors/Walls/Ceilings:</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|
| Are floor materials grease resistant and easily cleanable in all food preparation areas, storage areas, restrooms, dish areas, and wait stations?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the walls and ceilings light in color, smooth, easily cleanable, and non-absorbent in all food preparation areas, storage areas, restrooms, dish areas, and wait stations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the floor/wall junctures covered in all food preparation areas, storage areas, restrooms, dish areas, and wait stations?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Lighting:</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|---|--------------------------|--------------------------|--------------------------|
| Are 50 foot candles (way of measuring distance of light output) provided over all food preparation areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are 20 foot candles provided over all dishwashing /storage/hand washing/ and restroom areas?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all light fixtures properly shielded in all food preparation and food storage areas?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Equipment:</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|
| Does the plans include a list of all food equipment (keyed), with the name and model number?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is all food equipment commercial grade and <u>NSF (National Sanitization Foundation)</u> approved?<br>*Home grade equipment is not approved for commercial use and can not be used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is an adequate commercial hot water heater provided?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Pest Control:</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|---|--------------------------|--------------------------|--------------------------|
| Will all outside doors be self-closing and pests proof?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the placement of electrocution devices identified in the plan?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the area around the facility clear of unnecessary brush/litter/boxes and other harborages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Sewage Disposal:</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|
| Is the building connected to a municipal sewer?<br>*If no, is a private disposal system provided<br>YES/NO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Water Supply:</b>   | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|
| Is water supply from an approved source<br>_____ Public _____ Private                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If private source has been approved<br>*Note written approval and/or permit must be attached | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### FOLLOWING DOCUMENTS ARE REQUIRED

\*Please check the box to confirm they are included. Failure to do so may result in an automatic non-approval letter until received.

| Schedules and Plans  | YES                      | NO                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| Proposed Menu  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manufacturer information sheets showing specifications for each piece of equipment shown in the plan   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Site plan that shows location of business in the building, location of building showing streets and alley ways, and location of outside equipment (Example: dumpsters, storage, septic tank, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment schedule   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Contents and Format of Plans and Specifications:   | YES                      | NO                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot.<br>* This is to allow for ease in reading the plans. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Label and locate separate food preparation sinks when the menu dictates to prevent contamination and cross-contamination of raw and ready-to-eat foods.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Designate hand washing sinks for each toilet fixture <u>and</u> in all areas of food preparation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide room size, aisle space, space between and behind equipment as well as the placement of the equipment on the floor plan   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On the plan, represent supporting areas such as storage rooms, garbage rooms, toilets, basements, and/or cellars use for storage or food preparation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Include and provide specifications for:

- A. Entrances, exits, loading/unloading areas and docks.
- B. Complete finish schedules for each room including floors walls, ceilings, and coved junctures bases.
- C. Plumbing schedules including location of drains, floor sinks, water supply lines, overhead waste lines, hot water tanks, backflow prevention, and wastewater line connections.
- D. Lighting schedule with shields;
  - a. At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
  - b. At least 220 lux (20 foot candles):
  - c. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
  - d. Inside equipment such as reach-in and under-counter refrigerators;
  - e. At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, ware washing, and equipment and utensil storage, and in toilet rooms; and
- E. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).
- F. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with; Ventilation schedule for each room, mop sink or curbed cleaning facility with facilities for hanging wet mops, garbage can washing area/facility, cabinets for storing toxic chemicals, rooms utilized by employees (such as locker areas, employee bathrooms, etc.)

Comments/Questions: \_\_\_\_\_

\_\_\_\_\_

## MOBILE FOOD VENDORS

- All mobile food vendors must meet the requirements above for both commissaries and mobile food establishments, as well as having the following additional requirements:

| Required  | YES                      | NO                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| A designated place of commissary for food storage and potable water   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unit fully enclosed with overhead protection  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Waste retention tank that is 15 percent larger than wastewater supply tank. Sloped to drain, properly disposed to sanitary disposal.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Potable water tank: Adequate water supply must be from an approved public water source. Hoses constructed with approved food-contact material, installed to prevent backflow, hoses and connections handled and stored so that no contamination is created. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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|  |   |
|--|---|
| <b>DATE:</b><br><b>FEE PAID:</b>         | <b>REVIEWED BY:</b><br><b>SIGNATURE:</b>          |
| <b>APPROVED:</b><br><b>NOT APPROVED:</b> | <b>PERMIT NUMBER:</b><br><b>LETTER SENT DATE:</b> |

Approval of these plans and specification 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.