

Christian County Health Department Application for a Food Establishment Permit

Annual permit fee: High \$300 Medium \$200 Low \$100

Owner Information

Owner name: _____ Owner Phone: _____
 Email: _____
 Establishment name: _____ Est. Phone: _____
 Establishment address: _____ City: _____
 Mailing address: _____ City: _____

Office Use Only	
EPHS Initials: _____	Receipt #: _____
EPHS Number: _____	Check #: _____ <input type="checkbox"/> Cash <input type="checkbox"/> CC
EPHS Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid: _____
Date Permit Issued: _____	Date: _____ Int.: _____
Permit Number Issued: _____	
Do they meet the exemption status of a food establishment per food code?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Is a copy of the most current health inspection attached if the food is not prepared in Christian County?	

Establishment Information

- Food Service/Restaurant Retail/Convenience Store School Senior Center
 Warehouse Mobile Food Service Other: _____
- Do you offer **only** prepackaged foods that are not potentially hazardous? Yes No
- What is your typical daily patronage? <100 100-249 250-500 500<
- Seating Capacity: _____
- Days and hours of operation: _____

Physical Facility

- Does your establishment use outside storage units/buildings that are separate from the main facility?
 Yes No
- Flooring type: _____

Physical Facility Cont'd

- Does the facility have protective shielding on light fixtures? Yes No
- Are restrooms provided to employees? Yes No If yes, how many? _____

- Are restrooms provided to customers? Yes No If yes, how many? _____
- Are there self-closing devices on restroom doors? Yes No
- Is there a service/mop sink? Yes No
- Is there a 3-comp sink? Yes No Does it have an airgap? Yes No
- Number of handwashing facilities: _____ Number of employees: _____
- Is hand soap provided? Yes No Hand drying equipment provided? Yes No
- Do you have handwashing signage? Yes No Are waste receptacles provided? Yes No

Utility Information

- Water supply company: _____ Private well*
*Last bacterial test if on private well: _____
- Electrical Company: _____ Gas Company: _____
- Wastewater Treatment Company: _____ City: _____
- Do you have a private wastewater treatment system (septic system)? Yes* No
*If yes, please provide the following: Installation date: _____ Permit #: _____
- Do you have an emergency generator for power outages? Yes No

One (1) Certified Food Protection Manager per 60 hours of operation is required.

How many Food Protection *Managers* will your facility have?: _____

Please list all Certified Food Protection Managers bellow:

Name: _____ Number: _____ Expiration: _____

Name: _____ Number: _____ Expiration: _____

Name: _____ Number: _____ Expiration: _____

How many food protection *handlers* will your facility have?: _____

Please list all Certified Food Protection Handlers bellow:

Name: _____ Number: _____ Expiration: _____

Checklist

This is a checklist meant to help applicants gather information that is needed along with the permit application.

1. Have you provided a copy of all food manager & handler certificates? Yes No
2. Have you provided a copy of your menu? Yes No
3. Have you completed the attached Plan Review Audit to the best of your ability? Yes No
4. Have you submitted payment? Yes No



Plan Review Audit Form

Fill out the following plan review audit form and submit it, along with all other required documentation, to the Christian County Health Department, Environmental Division for review by the inspectors. Check all appropriate boxes in their corresponding column and fill out all other required information. *If you have any questions regarding this form, please contact the Health Department.*

Name of Establishment: _____

Address of Establishment: _____

1. Kitchen	Yes	No	N/A
Are hand sinks provided at all food prep areas?			
Do the hand sinks provide hot water with a temperature of at least 100°F?			
Are the hand sinks under pressure & do they provide water flow through a single mixing valve?			
Is a separate food prep/culinary sink required? (Needed if washing produce.)			
Are food prep / culinary sinks indirectly connected to the drainage system?			
Is a hood system required?			
Does the hood cover all cooking surfaces and frying equipment?			
Is a grease trap or grease interceptor provided? Size: () gallons.			
Are there any overhead sewer lines exposed in food preparation areas?			

2. Finished Surface Materials: Indicate <i>what material</i> will be used in the following areas.				
Area	Floor	Base Board	Walls	Ceiling
Kitchen/Bar				
Restrooms				
Storage				
Bar				
Ware washing				
Walk-ins				

3. Bar	Yes	No	N/A
Is a three compartment sink provided at the bar area?			
Is a hand sink provided at the bar area?			
Does the hand sink provide hot water with a temperature of at least 100°F?			
Are any overhead sewer lines exposed in the bar area?			

Fill out the following plan review audit form by checking all appropriate boxes in their corresponding column and fill out all other required information.

4. Storage Areas	Yes	No	N/A
Is adequate shelving provided to properly store all items needed?			
Is shelving in good repair and easily cleanable, i.e. non-porous?			
Are any overhead sewer lines exposed in the bar area?			
Is an outside storage area provided and utilized? If yes list the purpose:			

5. Warewashing Area	Yes	No	N/A
Is a three compartment sink provided? if so, list the dimensions of the vats: (____x____x____)			
Does the three compartment sink have an indirect connection to the drain line?			
Is a warewashing machine provided?			
Does the Warewashing machine use chemicals to sanitize? If yes, list the chemicals used:			
Is a hand sink provided at the warewashing area?			
Do the hand sinks provide hot water with a temperature of at least 100°F?			
Are the hand sinks under pressure & do they provide water flow through a single mixing valve?			
Are any overhead sewer lines exposed in the dishwashing area?			

6. Restrooms	Yes	No	N/A
Are public restrooms provided?			
Are employee restrooms provided?			
Do the hand sinks provide hot water with a temperature of at least 100°F?			
Are the hand sinks under pressure & do they provide water flow through a single mixing valve?			
Are restrooms ventilated to outside air?			
Do restrooms have self closing, tight fitting doors?			

7. Mop Sink / Chemical Area	Yes	No	N/A
Is a mop sink with hot and cold running water provided?			
Is the mop sink located away from food prep and food storage areas?			

8. Busing Stations	Yes	No	N/A
Are hand sinks provided at the busing areas and wait stations?			
Do the hand sinks provide hot water with a temperature of at least 100°F?			
Are the hand sinks under pressure & do they provide water flow through a single mixing valve?			

9. Solid Waste Disposal	Yes	No	N/A
Is an outdoor garbage area provided?			
Is a grease dumpster provided?			
Is the outdoor garbage area easily cleanable and on a concrete or asphalt pad?			

Fill out the following plan review audit form by checking all appropriate boxes in their corresponding column and fill out all other required information.

10. Floors/Walls/Ceiling	Yes	No	N/A
Are floor materials grease resistant and easily cleanable in all food preparation areas, storage areas, restrooms, warewashing areas, and wait stations?			
Are the walls and ceilings smooth, easily cleanable, and non-absorbent in all food preparation areas, storage areas, restrooms, warewashing areas, and wait stations?			
Are floor and wall junctures covered in all food preparation areas, storage areas, restrooms, warewashing areas, and wait stations?			

11. Lighting	Yes	No	N/A
Is there a minimum of 50 foot-candles of light provided in all food preparation areas, and at least 20 foot-candles of light in all warewashing, storage, handwashing, and restroom areas?			
Are all light fixtures properly shielded in all food preparation and food storage areas?			

12. Equipment	Yes	No	N/A
Do the plans include a keyed list of all equipment with the name and model number?			
Is all food equipment NSF approved? (Non-commercial equipment is not permitted)			
Is a commercial water heater provided? Size: () gallons GPH recovery:()			

13. Menu	Yes	No	N/A
Has a copy of the establishments' menu been submitted?			
A. Sit down meals			
B. Take out meals			
C. Catering			
D. Other			

14. Insect & Rodent Control	Yes	No	N/A
Are all outside doors self-closing and rodent proof?			
Is the placement of electrocution-risk devices identified on the plan?			
Will all pipes & electrical conduit chases be sealed?			
Will all ventilation systems, exhaust, and intakes be protected?			
Is the area around the building clear of unnecessary brush, litter, boxes, and other harborage?			

15. Water Supply	Yes	No	N/A
Is the water supply from an approved source?			
Is the water supply Public () City of: () or Private ()			
If private, has the source been approved? *Attach a copy of written approval and the most recent water test.			

Fill out the following plan review audit form by checking all appropriate boxes in their corresponding column and fill out all other required information.

16. Sewage Disposal	Yes	No	N/A
Is the building connected to a municipal sewer?			
If not, is the private disposal system approved? <i>*Attach a copy of written approval and contract of service</i>			

17. THE FOLLOWING DOCUMENTS ARE REQUIRED. Please check the box to confirm they are included in this application.	Yes	No	N/A
Proposed menu			
Site plan showing location of business: location of building including outer alleys and streets; and location of any outside equipment (dumpsters, well, and septic system if applicable).			
Plan drawn to scale of establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation.			
Equipment service schedule and contracts			

18. Contents and format of site plans and specifications

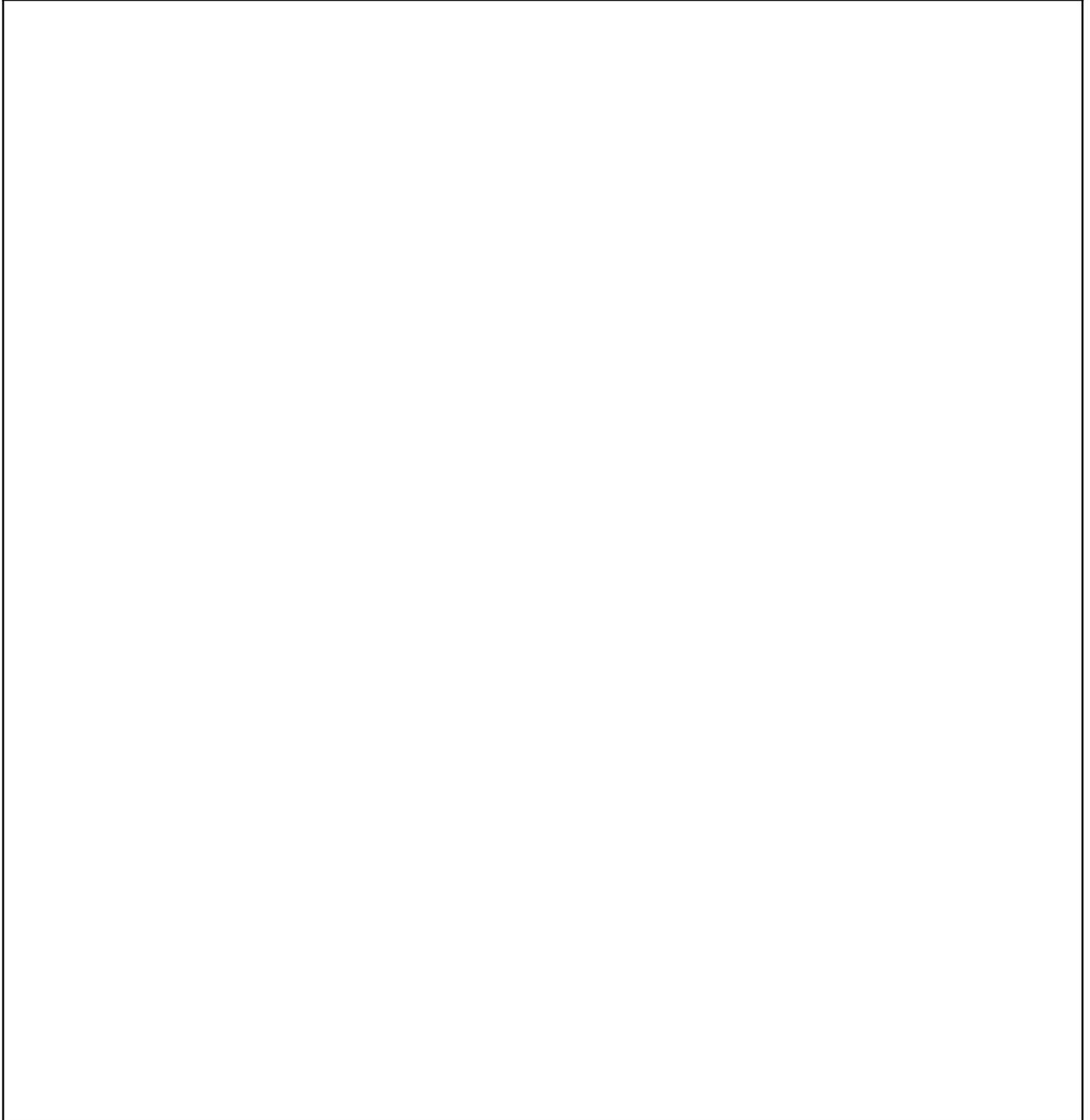
- Provide site plans that are a minimum of 11-14 inches in size, including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot.
- Include the proposed menu and projected daily meal volume for food service operations.
- Provide room sizes and show the location of all food equipment in the floor plan. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
- Label equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot holding of potentially hazardous foods clearly on the plan.
- Label and locate separate food preparation sinks, when the menu dictates, to preclude contamination and cross-contamination of raw and ready to eat foods.
- Clearly designate adequate hand washing lavatories for each toilet fixture and in immediate food preparation areas.
- Label storage rooms, garbage rooms, toilets, basements, and any rooms used for food preparation. Show all features of these rooms as required.

Fill out the following plan review audit form by checking all appropriate boxes in their corresponding column and fill out all other required information.

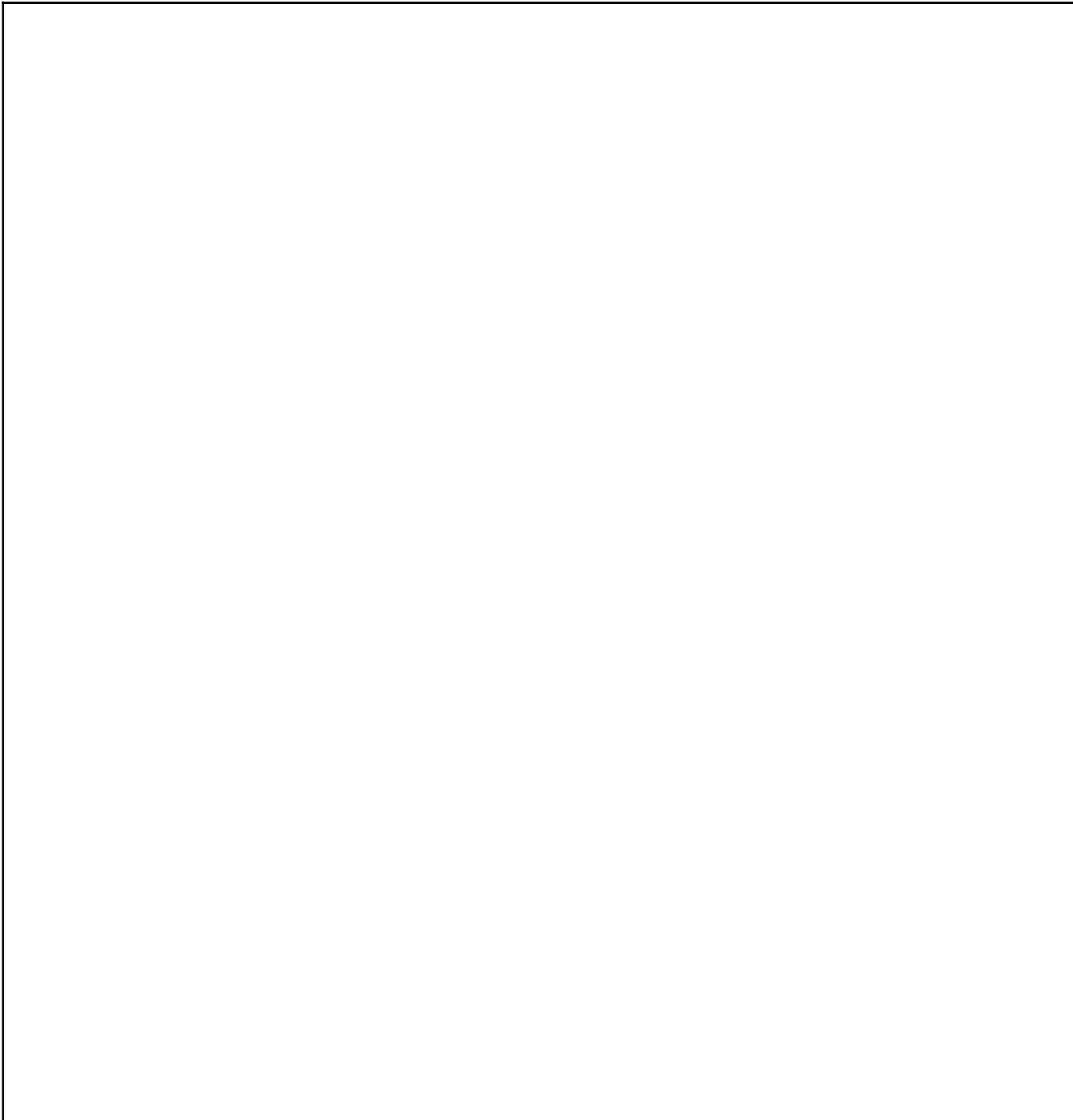
19. Plumbing Connections						
Please match all items found in the facility to their type of plumbing connection.						
Item	Air Gap	Air Break	*Integral Trap	*P-Trap	Vacuum Breaker	Condensate Pump
Toilet						
Urinals						
Warewashing machine						
Garbage Grinder						
Ice Machine						
Ice Storage Bin						
Sinks A. Mop B. Janitor C. Handwash D. 3 comp G. Water station						
Steam Tables						
Dipper Wells						
Refrigeration condensate drain lines						
Hose Connection						
Beverage Dispenser w/carbonator						
Other:						

* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or wastewater through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A P-trap is a fixture trap that provides a liquid seal in the shape of the letter P. *S-traps are prohibited.*

20. If applicable, in the space below, please draw a brief sketch of how you plan to set up your **kitchen**. Please include the location of all food preparation tables, display/sampling tables, display cases, cold holding units, hot holding units, hand washing stations, 3 compartment sink(s), and other food equipment. (If the 3-compartment sink is communal, please note the approximate distance from the food establishment preparation station).



21. If applicable, in the space below, please draw a brief sketch of how you plan to set up your **vendor booth at events**. Please include the location of all food preparation tables, display/sampling tables, display cases, cold holding units, hot holding units, hand washing stations, 3 compartment sink(s), and other food equipment. (If the 3-compartment sink is communal, please note the approximate distance from the food establishment preparation station).



Notes/Comments:

Approval of these plans and specifications by the Christian County Health Departments Environmental Division does not indicate compliance with any code, law, or regulation that may be required by the federal, state, or local government. It also does not constitute endorsement, acceptance, or the completion of an establishment’s structure or equipment. A pre-opening inspection of the establishment, with equipment in place and operational, will be required and necessary to determine compliance with local and state laws governing food service establishments.

Contact Name: _____ **Phone:** _____

DO NOT WRITE BELOW THIS LINE. DEPARTMENT USE ONLY.

Reviewed by:	Date:
Reviewers Signature:	Phone Number:

Disposition:

Approved

Denied