PERMIT APPLICATION
FOR FOOD SERVICE ESTABLISHMENTS

Facility Name______________________________Phone/Fax________________________________________

Mailing Address________________________________City____________________State___Zip__________

Location(Physical Address)___________________________________________________________________

Owner Name____________________________________Phone/Fax________________________

Type of Facility:  ____Restaurant  ____Tavern  ____Grocery  ____Warehouse
                   ____Convenience Store  ____School  ____Food Processor
                   ____Senior Centers  ____Warehouse
                   Other (explain)___________________________

Water and Sewage Information:
Water Supply:_____Public  _____Private
Sewage Disposal:_____Public  _____Private

I certify that to the best of my knowledge the information contained on this form is correct.

Applicant's Signature____________________________Date____________

Return completed form and fee according to Food Priority Assessment to:
Henry County Health Center
1800 Community Drive
Clinton, MO 64735

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For Office Use Only
Date received:__________________  Fee Paid:___Yes  ___No
Routine Inspection:  ____Yes  ____No  Class Attended_______
Permit Issued:  ____Yes  ____No
Plans Approved:  ____Yes  ____No

Health Authority Signature ____________________________________________