



Phone: 660-885-8193 – Fax: 660-885-7744

**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**

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 _____

