



Camden County Health Department

APPLICATION FOR FOOD ESTABLISHMENTS

FACILITY IDENTIFYING INFORMATION		
NAME OF FACILITY		TELEPHONE NUMBER
LOCATION (STREET, CITY, STATE, ZIP CODE, COUNTY)		HOURS OF OPERATION
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		
FACILITY ADMINISTRATION		
OWNERSHIP <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
A) OWNER(S), BOARD CHAIR OR PRESIDENT — If more than one owner, list on the back and provide the information below.		
NAME	TITLE	DATE OF BIRTH
ADDRESS (STREET, CITY, STATE ZIP CODE)		
TELEPHONE NUMBER	FAX NUMBER	
B) MANAGER(S) — Person(s) directly responsible for the food establishment. If more than one manager, indicate on the back.		
NAME	TITLE	DATE OF BIRTH
ADDRESS (STREET, CITY, STATE ZIP CODE)		
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
FACILITY TYPE <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING		<input type="checkbox"/> MOBILE <input type="checkbox"/> STATIONARY
PLEASE READ PRIOR TO SIGNING APPLICATION		
<p>A properly completed application shall be submitted.</p> <p>The owner(s) agree to:</p> <ol style="list-style-type: none"> a. Comply with the Missouri food code: http://health.mo.gov/safety/foodsafety/foodcode.oho b. Allow the regulatory authority access to the food establishment c. Provide records specified by the Missouri Food Code 		
SIGNATURE OF OWNER(S)		DATE
SIGNATURE OF OWNER(S)		DATE
SUBMIT FORM AND PAYMENT TO:	Camden County Health Department ATTN: Permits PO Box 816 Camdenton, MO 65020 Phone: (573)346-5479	

The permit fee for temporary events is \$25.00