

**NORTH CENTRAL DISTRICT HEALTH DEPARTMENT
APPLICATION TO OPERATE A PERMANENT FOOD ESTABLISHMENT**

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

OWNER INFORMATION	ESTABLISHMENT INFORMATION
Name of Owner or DBA	Establishment's Name
Owner's Mailing Address	Establishment's Physical Address
Owner's City/State/Zip Code	Establishment's Physical City/State/Zip Code
Owner's Phone Number	Establishment's Phone Number
Owner's Email	Establishment's Mailing Address
Type <input type="checkbox"/> Mobile <input type="checkbox"/> Stationary	Establishment's Mailing City/State/Zip Code
Owner Type <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other Legal Entity, Specify:	
Food Preparation (check all that apply) <input type="checkbox"/> Prepares non-TCS foods only (FST 1) <input type="checkbox"/> Prepares, offers for sale, or serves TCS food: <input type="checkbox"/> Only to order upon a consumer request (FST 2) <input type="checkbox"/> In advance, in quantities based on projected consumer demand and discards food not sold or served at approved frequency (FST 3 – Submit HACCP Plan) <input type="checkbox"/> Using time as the public health control as specified under §3-501.19 of 2013 Food Code (FST 3 – Submit HACCP Plan) <input type="checkbox"/> Prepares TCS food in advance requiring two or more steps (FST 3 – Submit HACCP Plan) <input type="checkbox"/> Prepares food as above, but for delivery to and consumption at a location off-site (FST 3 – Submit HACCP Plan) <input type="checkbox"/> Prepares food as above, but for a highly susceptible population (FST 4 – Submit HACCP Plan)	

Person Directly Responsible for Food Establishment			
Name			
Mailing Address			
Phone #			
Email			
Immediate Supervisor of Person Directly Responsible for Food Establishment (i.e. District / Zone Manager)			
Name			
Mailing Address			
Phone #			
Email			
Resident Agent			
Name			
Mailing Address			
Phone #			
Email			
All Persons Comprising Legal Ownership			
Name	Mailing Address	Email	Phone #

Required Supporting Documents:

- Legible plans at minimum of 11 x 14 inches in size, drawn to scale (Scale - 1/4 inch = 1 foot)
 - Specifying:
 - Seating capacity
 - Projected daily meal volume
 - Location of all food equipment
 - Location of all sinks (handwashing, ware washing, food preparation, and utility
 - Auxiliary areas (storage rooms, garbage rooms, toilets, basement and/or cellars used for storage or food preparation)
 - Entrances, exits, loading/unloading areas, and delivery docks
 - Storage of employee person items
 - Source of water
 - Method for sewage disposal
- Complete finish schedules for each room, including floors, walls, ceilings, and covered juncture bases
- Plumbing plans showing location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment, backflow prevention, and wastewater line connections
- Complete finish schedules for hot water generating equipment, including capacity and recovery rate
- Lighting plans showing location of lighting fixtures
- Complete finish schedules for all light fixtures
- Ventilation plans
- Proposed menu
- If required, HACCP Plan and color-coded flow chart demonstrating flow patterns for:
 - Food (receiving, storage, preparation, and service)
 - Utensils (clean, soiled, cleaning, and storage)
 - Refuse (service area, holding, storage, and disposal)

Applicant's Affidavit

A permanent food establishment permit will not be issued unless this application and all supporting documents and information meets all applicable requirements of the Kentucky Food Code and the 2013 Food Code. The undersigned agrees to allow North Central District Health Department inspectors access to the establishment and applicable records. The undersigned also certifies the above information and statements are true and correct and understands making false statements may disqualify this application and prevent the issuance of a permit or license.

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____

