



JACKSON COUNTY, MISSOURI
FOOD ESTABLISHMENT PLAN REVIEW APPLICATION
FOR A
FOOD ESTABLISHMENT CHANGE OF OWNERSHIP
Plan Review / Pre-Opening Inspection Fee \$310

Permit Fees

Permit fees are determined by using a priority assessment worksheet provided by the state of Missouri Division of Health and Senior Services. Risk factors are identified and the fee is determined by the amount of risk.

Low priority yearly permit	\$255.00
Medium priority yearly permit.....	\$460.00
High priority yearly permit	\$775.00

Warning: Failure to complete any question on this application in its entirety will result in the delay of your pre-opening inspection.

YOUR CONTACT INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Preferred Contact Method: _____

ESTABLISHMENT INFORMATION

Name of Establishment: _____

DBA Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Preferred Contact Method: _____

BILLING INFORMATION

Business Name: _____

Business Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Email Address: _____

Preferred Contact Method: _____

BUSINESS OWNER INFORMATION

Owner Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Preferred Contact Method: _____

I have submitted plans/applications to the following authorities on the following dates:

City Code _____ Dept. Building _____ Fire _____

Hours of Operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____

Seating Capacity: _____

Is establishment open all year?

Yes No

If No, opening date each year: _____ Closing date each year: _____

Number of Floors on which operations are conducted: _____

Maximum Meals to be served (approximate number):

Breakfast _____ Lunch _____ Dinner _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Type of Service: (check all that apply)

Sit Down Meals Take Out Caterer Mobile Vendor Other

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

Please enclose the following documents:

1. Provide plans, drawn to scale of food establishment, that show the location of equipment, plumbing, electrical services and mechanical ventilation. Plans must be a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Site plan showing location of business in building; location of building on site including alleys and streets; and location of any outside equipment (dumpsters, well, septic system if applicable).
3. Proposed Menu (including seasonal, off-site and banquet menus).
4. Manufacturer Specification sheets for each piece of equipment shown on the plan if available.
5. Equipment schedule.
6. Plumbing schedule.
7. Jackson County Business License.
8. Jackson County Liquor License (if applicable).
9. Business Personal Property Account Number from the County Assessment Office (see attached application form or contact the Assessment Office at 816-881-4672).

WATER SUPPLY

1. Water supply is:

public private

If private, has source been approved?

Yes No Pending (Please attach copy of written approval and/or permit.)

2. Ice is made:

on premises purchased commercially

If made on premises, are specifications for the ice machine provided?

Yes No

Describe provision for ice scoop storage: _____

3. Is the hot water generator sufficient for the needs of the establishment at peak times of operation?

Yes No

4. Is there a water treatment device?

Yes No

SEWAGE DISPOSAL

1. Is building connected to a municipal sewer?

Yes No

Revised 11/2019

If no, is private disposal system approved?

- Yes No Pending (Please attach copy of written approval and/or permit.)

2. Are grease traps provided?

- Yes No

If yes, where? _____

Provide schedule for cleaning & maintenance: _____

FINISH SCHEDULE

The finishes of the floors, walls, and ceilings in food establishments shall be smooth, durable, easily cleanable, and be non-absorbent in areas exposed to moisture. Floor wall junctures shall be coved. Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas:

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Toilet Rooms				
Mop service basin area				
Ware washing area				
Walk-in refrigerators and freezers				

SINK REQUIREMENTS AND BACK FLOW PREVENTION

1. Is a mop sink present?

- Yes No

2. If the menu dictates, is a food preparation sink present?

- Yes No

3. Are back-flow prevention devices installed on any water supply where a hose can be connected?

- Yes No

4. Is there an air gap separating the faucet and the flood rim on all sinks?

- Yes No

HAND WASHING/TOILET FACILITIES

1. Is there a hand washing sink in each food preparation and ware washing area?

- Yes No

2. How many hand sinks will be available in the establishment (excluding restroom sinks)? _____

Revised 11/2019

3. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet?
 Yes No
4. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?
 Yes No
5. Is hot and cold running water under pressure available at each hand washing sink?
 Yes No
6. Is hand cleanser available at all hand washing sinks?
 Yes No
7. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks?
 Yes No
8. Are all hand washing sinks provided with disposable towels also equipped with a waste receptacle?
 Yes No
9. Is a hand washing sign posted at each hand washing sink?
 Yes No
10. Are all toilet room doors self-closing?
 Yes No
11. Are all toilet rooms equipped with adequate ventilation?
 Yes No
12. Are covered waste receptacles available in the women's restroom?
 Yes No

DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for ware washing? **Note: a three compartment sink is always required in a facility that cleans food utensils/equipment even when a dishwasher is provided (4-301.12).**
 Dishwasher Three Compartment sink
2. Does the largest pot or pan fit into each compartment of the three compartment sink?
 Yes No
3. Dishwasher (**must be commercial grade**).
Type of sanitization used:
 Hot water (temp. provided) Booster heater Chemical type

Is ventilation provided?
 Yes No
4. Do all dish machines have templates with operating instructions?
 Yes No
5. Do all dish machines have temperature/pressure gauges or heat test strips as required that are accurately working?
 Yes No

- 6. Are there drain boards on the 3-compartment sinks?
 Yes No
- 7. What type of sanitizer is used?
 Chlorine Iodine Quaternary ammonium Hot water
- 8. Are test papers and/or kits available for checking sanitizer concentration?
 Yes No

INSECT AND RODENT CONTROL

- 1. Will all outside doors be self-closing and rodent proof?
 Yes No N/A
- 2. Are screen doors provided on all entrances left open to the outside?
 Yes No N/A
- 3. Do all open able windows have a minimum #16 mesh screening?
 Yes No N/A
- 4. Is area around building clear of unnecessary brush, litter, boxes and other harborage?
 Yes No N/A

GARBAGE AND REFUSE

- 1. Will a dumpster be used?
 Yes No N/A
Frequency of pick up: _____
- 2. Will a compactor be used?
 Yes No N/A
Number: _____ Size: _____ Frequency of pick up: _____
- 3. Will garbage cans be stored outside?
 Yes No N/A
- 4. Is dumpster equipped with a tight fitting lid(s)?
 Yes No N/A
- 5. Describe surface and location where dumpster/compactor/garbage cans are to be stored: _____

- 6. Describe location of grease storage receptacle: _____

EMPLOYEES/PERSONNEL

- 1. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?
 Yes No

Please briefly describe: _____

2. Describe storage facilities for employees' personal belongings (i.e. purse, coat, boots umbrella, etc.): _____

3. Any employee that prepares, handles, dispenses food for human consumption, or comes into contact with food or food preparation utensils at any food establishment is required to obtain a food handler permit within **fifteen days** of commencement of employment. You may obtain a Jackson County Food Handler Permit online at tapseries.com/4u/jc (click on Missouri, then **Jackson** County) or you may take a classroom course by contacting the Independence Health Department at 816-325-7803 or visit their website at indepmo.org. Describe procedure for insuring employees obtain food handler training: _____

FOOD SUPPLIES

1. Food shall be obtained from an approved source. Food prepared in a private home may not be used or offered for human consumption in a food establishment (3-201.11). Are all food supplies from inspected and approved sources?

Yes No

2. What are the projected frequencies of deliveries for:

Frozen foods _____ Refrigerated foods _____ Dry goods _____

COLD FOOD STORAGE

1. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?

Yes No

If yes, how will cross-contamination be prevented? _____

2. Does each refrigerator/freezer have a thermometer that is accurate to within $\pm 3^{\circ}$ F?

Yes No

Number of refrigeration units: _____ Number of freezer units: _____

3. Are refrigeration units in good repair (door gaskets sealing properly, easy to clean surfaces)?

Yes No

4. Will a soft serve machine be used in establishment?

Yes No

Number of soft serve machines: _____

How will soft serve machine be cleaned and how often? _____

DRY FOOD STORAGE

1. How will food be stored 6 inches off the floor? _____

2. Is the shelving constructed/finished to be a smooth and easily cleanable surface?

- Yes No

3. The following formulas may be used to determine if there is enough shelving and space in the dry storage area:

Formula #1 – Linear feet of storage shelving =

$$\frac{0.1 \times \text{number of meals between deliveries}}{D \times H \times C}$$

(*D = Depth of the shelves in feet H = Distance between shelves C = 0.8 or 80% capacity of shelf height*)

Formula #2 – Square feet of storage area =

$$\frac{0.1 \times \text{number of meals between deliveries}}{\text{Average height (ft.)} \times \text{fraction of usable storeroom floor area}}$$

4. Is there adequate space in the dry storage area for food storage?

- Yes No

FOOD PREPARATION

1. Bare hand contact with ready-to-eat foods is prohibited. Describe how disposable gloves and/or utensils and/or food grade paper will be used to prevent bare hand contact with ready-to-eat foods? _____

2. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?

- Yes No

If not, how will ready-to-eat foods be cooled to 41°F? _____

3. Will produce be washed on-site prior to use?

- Yes No

Is there a planned location used for washing produce?

- Yes No

If yes, describe: _____

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses: _____

4. Describe the procedure used for minimizing the length of time Potentially Hazardous Foods (PHFs) will be kept in the temperature danger zone (41°F - 135°F) during preparation: _____

5. Do you have an HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority?

- Yes No N/A

6. Will the facility be serving food to a highly susceptible population?

- Yes No

If "YES", how will the temperature of foods be maintained while being transferred between the kitchen and service area? _____

THAWING FROZEN POTENTIALLY HAZARDOUS FOODS

1. Potentially hazardous foods must be thawed using one of the following methods:
 - a. Under refrigeration that maintains the food at 41° F or below.
 - b. Completely submerged under running water that is at a temperature of 70° F or below.
 - c. As part of the cooking process.

2. How will frozen potentially hazardous foods be thawed? _____

COOKING

1. A bimetallic stemmed thermometer that can check temperatures between 0° F and 220° F must be provided to check food temperatures.

Is a thermometer that meets these criteria available?

- Yes No

Minimum cooking time and temperature of product utilizing convection and conduction heating equipment:

beef roasts	130°F (121 min)
solid seafood pieces.....	145°F (15 sec)
other PHFs	145°F (15 sec)
eggs:	
immediate service	145°F (15 sec)
pooled*	155°F (15 sec)
<i>*pasteurized eggs must be served to a highly susceptible population</i>	
pork	145°F (15 sec)
comminuted meats/fish	155°F (15 sec)
poultry/game animals.....	165°F (15 sec)
reheated PHFs	165°F (15 sec)

2. List types of cooking equipment: _____

HOT/COLD HOLDING

1. How will hot potentially hazardous foods be maintained at 135°F (60°C) or above during holding for service?

2. How will cold potentially hazardous foods be maintained at 41°F (5°C) or below during holding for service?

COOLING

Please indicate by checking the appropriate boxes how potentially hazardous foods will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also indicate where the cooling will take place.

cooling method	thick meats	thin meats	thin soups/gravy	thick soups/gravy	rice/noodles
shallow pans					
ice baths					
reduce volume or size					
rapid chill					

REHEATING

- How will PHFs that are cooked, cooled and reheated for hot holding be rapidly reheated (within 2 hours) so that all parts of the food reach a temperature of at least 165°F for 15 seconds? Indicate type and number of units used for reheating foods: _____

GENERAL

- Are pesticides stored separately from cleaning & sanitizing agents?
 Yes No
- Are all toxics for use on the premises or for retail sale (this includes personal medications), stored away from food preparation and storage areas?
 Yes No
- Are all containers of toxics including sanitizing spray bottles clearly labeled?
 Yes No
- Will linens be laundered on site?
 Yes No

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

- Is a laundry dryer available?
 Yes No
- Are food storage containers constructed of food grade materials to store bulk food products?
 Yes No

Indicate types: _____

- How many exhaust hoods are installed? _____
- How is each listed ventilation hood system cleaned? _____

9. Is all lighting protected with a shatterproof shield?

Yes No

10. Is all food equipment commercial grade and have National Sanitation Foundation (NSF), American National Standards Institution (ANSI), or equivalent certification?

Yes No

11. Are all wall mounted pieces of equipment (such as a hand sink) properly sealed to the wall?

Yes No

12. Are all large pieces of equipment mounted on casters or wheels to facilitate easy moving for cleaning?

Yes No

If No, is the equipment elevated on legs to provide at least a six inch clearance between the floor and the equipment?

Yes No

I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature(s) _____

Owner(s) or responsible representative(s)

Date: _____

Approval of these plans and specifications by this Regulatory Authority **does not** indicate compliance with any other code, law or regulation that may be required – federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Plan Review / Pre-Opening Application Fee: \$310

Make check payable to JACKSON COUNTY and send with all required documents to:

JACKSON COUNTY ENVIRONMENTAL HEALTH

Physical Address
34900 E. Old US 40 Hwy.
Oak Grove, MO 64075

Mailing Address
P.O. Box 160
Grain Valley, MO 64029-0160

Phone: (816) 847-7073 ● Fax: (816) 881-1650

AFTER you have completed the application process, and you are ready to begin operating your business:
PRIOR TO OPENING - You must call our office at (816) 847-7070 to schedule a pre-opening inspection with our health inspector. You cannot begin operating your business without prior approval from the health inspector. Failure to get approval to open will be in violation of Jackson County Food Code, Chapter 40.



ASSESSMENT DEPARTMENT

JACKSON COUNTY

HISTORIC TRUMAN COURTHOUSE – BUSINESS PERSONAL PROPERTY SECTION
112 W. LEXINGTON AVENUE, SUITE 144
INDEPENDENCE, MO 64050
JACKSONGOV.ORG

Date: _____

Dear Business Owner,

Congratulations on the opening of your business! We at the Assessment Department realize that there are a lot of things to do to prepare for your opening and personal property taxes are probably the last thing on your list. However, we want to insure that you don't overlook this important step in starting a business. As a business owner, you are a very important asset to Jackson County. This letter is to inform you about your personal property filing responsibilities.

Missouri law (M.R.S. 137.340) requires all individuals and businesses to list their tangible personal property that is owned as of January 1 for assessment on the tax rolls. All tangible personal property is to be reported to the Assessment Department by March 1 of each year. Some of the most common examples of business personal property are office furniture and fixtures, computers, machinery and equipment, supplies, etc. You may contact our office for more examples of tangible personal property that are required to be listed for assessment. Please complete the enclosed forms and return them within ten (10) days of the date of this letter to the Business Personal Property Section of the Assessment Department. The assessor may send a County Business Personal Property Declaration form *in addition* to this Business Information Sheet. If so, be sure to complete and return *both* documents by the requested date.

The information you provide will enable our office to value your business personal property in a fair and accurate manner for the tax roll. If no information is received from you, the Assessment Department will be forced to estimate the value, which may result in an audit of your business. A filing penalty may also be applied to the assessed value of the property if the forms are returned late or not returned at all. Your cooperation in this important step will help avoid inaccurate assessments and unnecessary penalties.

If you have any questions regarding this letter, or feel you may have received it in error, please do not hesitate to contact the Business Personal Property Section at (816) 881-4672. Our office hours are 8:00 a.m. to 5:00 p.m. (CST) Monday through Friday. May all your hard work lead to many future successes.

Sincerely,

Business Personal Property Staff

JACKSON COUNTY – BUSINESS INFORMATION SHEET

ASSESSOR’S USE ONLY:	Account # _____	Date Mailed _____
	Assessment Year _____	Assessor’s Initials <u>via Enviro. Health</u> _____

Complete ALL sections that apply to your business. Return the completed form to the Jackson County Assessment Department. If you have any questions regarding this form, please contact our office at (816) 881-4672, Monday through Friday, 8:00 am to 5:00 pm (CST). This form can be returned by email to BPAsmt@jacksongov.org, or by fax to (816)-881-4680, or in person.

PLEASE PRINT

Name of Corporation (if applicable) _____

Name of Business _____

Mailing Address _____

Do you see any retail or wholesale goods? Yes/No _____

Physical Location of Business _____

Contact Person _____ Title _____

Daytime Phone of Contact Person _____ Email: _____

Type of Business _____ Number of Employees at this Location _____

Date Business Started in Jackson County _____ Business Phone Number _____

INDIVIDUAL / PROPRIETOR:

Name of Business Owner _____

Home Address _____ Phone _____

PARTNERSHIP:

Name of Partner(s) _____ % of Ownership _____ Phone _____

_____ % of Ownership _____ Phone _____

_____ % of Ownership _____ Phone _____

Total Acquisition Cost of Machinery, Equipment, Furniture & Fixtures \$ _____
(Do Not Include Cost of Licensed Vehicles or Leasehold Improvements)

Attach a list of all licensed vehicles (autos, trucks, trailers, etc.) that are titled in the business name.
Include the Year, Make, Model, Series and Vehicle Identification Number (VIN).

If you have multiple locations in Jackson County, attach a list of all locations.

Owner / Partner Signature

Date

COMPLETE ONLY IF YOUR BUSINESS IS A CORPORATION

Full Legal Name of Corporation _____

Date of Incorporation _____ State of Incorporation _____

List Name, Home Address and Phone Number of Officers:

Name of President / CEO _____ Phone Number _____

Address _____

Name of Vice President _____ Phone Number _____

Address _____

Name of Secretary _____ Phone Number _____

Address _____

Name of Treasurer _____ Phone Number _____

Address _____

List Name, Home Address and Phone Number of Directors:

Name _____ Phone Number _____

Address _____

Name _____ Phone Number _____

Address _____

Name _____ Phone Number _____

Address _____

List Name, Home Address and Phone Number of Registered Agent:

Name _____ Phone Number _____

Address _____

Signature and Title of Corporate Officer

Date

Business Name _____ Year _____ Account No. _____

A. Furniture/Fixtures: Include office furniture, tools, machinery, signage, unlicensed vehicles (e.g. forklift/backhoe), pallets, shelving

ITEM	YEAR of acquisition	COST of acquisition	

B. Computer, printer, fax machine, copier, telephone, telephone system, cell phone, pager, scanner

ITEM	YEAR of acquisition	COST of acquisition	