



**JACKSON COUNTY, MISSOURI  
FOOD ESTABLISHMENT PLAN REVIEW APPLICATION  
FOR A  
NEW MOBILE UNIT**

***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.

Mobile Unit yearly permit ..... \$205.00

**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: \_\_\_\_\_

List of locations where mobile unit will serve: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hours of Operation:

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**COMMISSARY**

A commissary is a permitted food establishment, such as a restaurant, in which food, containers, or supplies are stored or handled for use. A commissary is NOT a private home, church, club, or other nonprofit or for-profit association that does not hold a valid food permit. **All mobile units are required to have a commissary.** If commissary is located outside the jurisdiction of Jackson County Environmental Health, operator of the mobile unit must provide a copy of the current food establishment permit and a copy of the most recent health inspection for the commissary prior to approval. If the owner of the mobile unit does not own the commissary, operator of the mobile unit and owner of the commissary facility must complete and submit the commissary agreement that comes with this document.

The commissary must provide the following:

- Water supply
- Food storage
- Food preparation as approved by Jackson County Environmental Health
- Solid and liquid waste disposal
- Utensil cleaning facilities

**WATER SUPPLY**

1. What is the size of the water supply tank? \_\_\_\_\_ GALLONS

2. What is the size\* of the waste water retention tank? \_\_\_\_\_ GALLONS  
*\*Waste water retention tank must be at least 15% larger than the water supply tank*
3. Is the plumbing system in good repair (ex. no leaks, water draining properly)?  
 Yes       No

## WALLS/ FLOORS/ CEILING AND OVERHEAD PROTECTION

1. Are walls and ceilings constructed from smooth and easily cleanable, non absorbent materials?  
 Yes       No
2. Are all outer openings protected and sealed?  
 Yes       No
3. Is overhead protection provided and maintained in good repair?  
 Yes       No

## HAND WASHING FACILITIES

1. Does the hand washing sink provide hot (110° F or above) and cold running water?  
 Yes       No
2. Does the hand washing sink have a mixing valve?  
 Yes       No
3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?  
 Yes       No
4. Is hand cleanser available at the hand washing sink?  
 Yes       No
5. Are disposable towels available at the hand washing sink?  
 Yes       No
6. Is a hand washing sign posted at the hand washing sink?  
 Yes       No

## DISHWASHING FACILITIES

1. Does the three compartment sink in the mobile unit meet the following requirements?
- a. Hot (110° F or above) and cold running water?  
 Yes       No
  - b. Are sink basins of adequate size to submerge utensils and cookware halfway in the sink?  
 Yes       No
  - c. Equipped with drain boards?  
 Yes       No
2. What type of sanitizer is used?  
 Chlorine       Iodine       Quaternary ammonium

3. Are test papers and/or kits available for checking sanitizer concentration?

- Yes       No

### 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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](http://tapseries.com/4u/jc) (click on Missouri, then **Jackson County**) or you may take a classroom course by contacting the Independence Health Department at 816-325-7194 or visit their website at [www.indepmo.org](http://www.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 at the commissary?

Frozen foods \_\_\_\_\_ Refrigerated foods \_\_\_\_\_ Dry goods \_\_\_\_\_

### COLD FOOD STORAGE

1. Is adequate approved freezer and commercial grade refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below?

- Yes       No

2. 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? \_\_\_\_\_

\_\_\_\_\_

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

- Yes       No

4. Number of refrigeration units: \_\_\_\_\_ Number of freezer units: \_\_\_\_\_

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

- Yes       No

6. Will a soft serve machine be used in mobile unit?

- Yes     No

### 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. 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. 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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

2. List types of cooking equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### HOT/COLD HOLDING AND REHEATING

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?

\_\_\_\_\_

3. 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

1. Are pesticides stored separately from cleaning & sanitizing agents?

Yes     No

2. Are all toxics for use on the premises (this includes personal medications), stored away from food preparation and storage areas?

Yes     No

3. Are all containers of toxics including sanitizing spray bottles clearly labeled?

Yes     No

4. Are food storage containers constructed of food grade materials to store bulk food products?

Yes     No

Indicate types: \_\_\_\_\_

5. How many exhaust hoods are installed? \_\_\_\_\_ N/A

6. How is each listed ventilation hood system cleaned? \_\_\_\_\_

\_\_\_\_\_

7. Is all lighting protected with a shatterproof shield?

Yes     No

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

Yes     No

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

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 (Mobile Unit): \$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.**



# ENVIRONMENTAL HEALTH

## JACKSON COUNTY

**Physical Address:**  
34900 E. Old U.S. 40 Highway  
Oak Grove, MO 64075  
jacksongov.org

**Mailing Address:**  
P.O. Box 160  
Grain Valley, MO 64029

### COMMISSARY AGREEMENT

I agree to report to the commissary facility listed below each operational day for all cleaning and service operations, including filling water tanks, disposal of waste water, cleaning of equipment and utensils, and storage of supplies. I further agree to obtain all supplies from an approved source. This commissary facility is a permitted and inspected facility and is compliant with current guidelines for a food establishment. Failure to comply with this agreement may result in legal action being taken to revoke your permit to operate this mobile unit or pushcart.

Name of Business: \_\_\_\_\_

Owner (mobile unit): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to provide commissary services for the above mobile unit or pushcart. My commissary facility is an inspected facility and is compliant with current guidelines for a food establishment.

Business Name (commissary): \_\_\_\_\_

Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## 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](mailto: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	