



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

Plan Review / Pre-Opening Inspection Fee \$320

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 \$215.00

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

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: _____

Website for posting locations of operation _____

Other methods used for communicating locations of operation _____

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: _____

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 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 (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. 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 refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below?
 Yes No
2. Does each refrigerator/freezer have a thermometer that is accurate to within $\pm 3^\circ$ F?
 Yes No
3. Number of refrigeration units: _____ Number of freezer units: _____
4. Are refrigeration units in good repair (door gaskets sealing properly, easy to clean surfaces)?
 Yes No
5. Will a soft serve machine be used in mobile unit?
 Yes No

DRY FOOD STORAGE

1. Is the shelving constructed/finished to be a smooth and easily cleanable surface?
 Yes No
2. 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. 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

3. A variance application is required for a HACCP Plan. Please check all processes you will be doing.
 Custom processing for person use Sprouting seeds or beans
 Smoking food for preservation Curing food
 Acidification for preservation Reduced oxygen packaging
 Mulloscan shellfish life support tank Other

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: _____

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. 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): \$320

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

JACKSON COUNTY ENVIRONMENTAL HEALTH

3651 NE Powell Road

Lee's Summit, MO 64064

Phone: (816) 881-6690 ● 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) 881-6690 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

3651 NE Ralph Powell Road
Lee's Summit, MO 64064
jacksongov.org

(816) 881-6690
Fax: (816) 881-1650

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

(816) 881-4672
Fax: (816) 881-4680

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	