



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

Low priority yearly permit .....	\$260.00
Medium priority yearly permit .....	\$475.00
High priority yearly permit .....	\$795.00

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

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

Seating Capacity: \_\_\_\_\_

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. Plans should have all sinks and equipment labeled. Plans will not be required if no changes are being made.
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. Business Personal Property Information Sheet from the County Assessment Department (see attached application form or contact the Assessment Department 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

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

**SEWAGE DISPOSAL**

1. Is building connected to a municipal sewer?  
 Yes     No

If no, is private disposal system approved?  
 Yes     No     Pending (Please attach copy of written approval and/or permit.)

**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 covered. 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**

- Is a mop sink present?  
 Yes     No
- If the menu dictates, is a food preparation sink present?  
 Yes     No
- Are back-flow prevention devices installed on any water supply where a hose can be connected?  
 Yes     No
- 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)? \_\_\_\_\_
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 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
4. Do all dish machines have temperature/pressure gauges or heat test strips as required that are accurately working?  
 Yes     No

- 5. Are there drain boards on the 3-compartment sinks?  
 Yes     No
- 6. What type of sanitizer is used?  
 Chlorine         Quaternary ammonium         Hot water
- 7. 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
- 5. Will you have an "open air" concept?  
 Roll up doors/windows     Nano doors     Large windows     Other
- 6. Air curtains or screens are required for open air concepts. Which type will you have?  
 Air curtains     Screens

## GARBAGE AND REFUSE

- 1. Will a dumpster be used?  
 Yes     No     N/A  
  
Frequency of pick up: \_\_\_\_\_
- 2. Is dumpster equipped with a tight fitting lid(s)?  
 Yes     No     N/A
- 3. Describe surface and location where dumpster/compactor/garbage cans are to be stored: \_\_\_\_\_  
\_\_\_\_\_
- 4. 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](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 816-325-7803 or visit their website at [indepmo.org](http://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. 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: \_\_\_\_\_

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

Yes       No

3. 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? \_\_\_\_\_

## 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.
- |  |   |
|--|---|
| <input type="checkbox"/> Custom processing for person use      | <input type="checkbox"/> Sprouting seeds or beans |
| <input type="checkbox"/> Smoking food for preservation         | <input type="checkbox"/> Curing food              |
| <input type="checkbox"/> Acidification for preservation        | <input type="checkbox"/> Reduced oxygen packaging |
| <input type="checkbox"/> Mulloscan shellfish life support tank | <input type="checkbox"/> 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

**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
- Are food storage containers constructed of food grade materials to store bulk food products?  
 Yes     No

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

- Is all lighting protected with a shatterproof shield?  
 Yes     No
- Are all wall mounted pieces of equipment (such as a hand sink) properly sealed to the wall?  
 Yes     No
- Are all large pieces of equipment 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: \$320**

***Make check payable to JACKSON COUNTY and send with all required documents to:***  
JACKSON COUNTY ENVIRONMENTAL HEALTH  
3651 NE Ralph 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.**



## 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](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	