

# TANEY COUNTY HEALTH DEPARTMENT

## LODGING ESTABLISHMENT HEALTH PERMIT APPLICATION

320 Rinehart Rd., Branson, MO 65616

PHONE: 417-334-4544 EXT. 593

FAX: 417-336-9604



**Application must be completed in its entirety and emailed to EHS@taneycohealth.org  
a minimum of 10 days prior to proposed opening date.**

New Establishment     Change in Ownership     Branson     Hollister     Taney County

Name of Establishment:		Date:
Number of Rooms:	Number of floors:	Square footage:
Physical Address:		Billing Address:
Phone:	Fax:	Email:
Is there a chance this may be a seasonal facility? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, when will facility be closed?		

**OWNER INFORMATION**

Check Appropriate Box:    Individual    LLC    Corporation    Association    Other: \_\_\_\_\_

Owner(s) Name:		Owner Address:
Phone:	Fax:	Email:

Name and contact information of authorized representative of facility if the owner is not available:

<p>Plans/applications have been submitted to the following:</p> <ul style="list-style-type: none"> <li>➤ City of Branson                                  Date: _____</li> <li>➤ City of Hollister                                    Date: _____</li> <li>➤ County Planning and Zoning                Date: _____</li> <li>➤ Taney County Central Fire District        Date: _____</li> <li>➤ Taney County Western Fire District      Date: _____</li> </ul>	<p>Please enclose the following documents if applicable:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Blue prints for new construction</li> <li><input type="checkbox"/> MDPS Boiler Certificate if above 200,000 BTU's</li> <li><input type="checkbox"/> Backflow Prevention Testing Paperwork</li> </ul>
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**SEPARATE PERMIT APPLICATIONS ARE REQUIRED FOR EACH BODY OF WATER AND FOOD ESTABLISHMENT ON PROPERTY.**  
Applications can be found at [taneycohealth.org/forms/](http://taneycohealth.org/forms/)

**AQUATIC VENUE INFORMATION**

Total Number of Aquatic Venues: _____ <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Split	Check all that apply: <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Other: _____
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**FOOD ESTABLISHMENT INFORMATION**

Total Number of Food Facilities: _____	<input type="checkbox"/> Restaurant <input type="checkbox"/> Continental Breakfast <input type="checkbox"/> Both
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ITEM	YES	NO	N/A
1. Water Source/Sewage Disposal			
A. Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors/Walls/Ceilings			
A. Clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Emergency Lighting			
A. Emergency lighting maintained and in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Emergency exit signs maintained and illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fire Protection and Safety			
A. Smoke detectors hardwired with battery back up in appropriate areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Fire alarm system tested and approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Portable fire extinguishers proper location and inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Sprinkler system maintained in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Evacuation routes posted where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Stairs, hand rails, and ramps maintained and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Vertical openings protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Life Safety			
A. CO2 detectors installed and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. GFCI and proper wiring installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Combustibles properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Electrical panels protected, labeled, and no obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Plumbing/Mechanical			
A. Restrooms have mechanical ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Boilers/pressure vessels certified and inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Proper air gaps, no cross connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Ventilation of appliances/utility room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sanitation/Housekeeping			
A. Mattresses and box springs in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Proper facilities to wash, rinse, and sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. No evidence of pests- staff trained on bed bugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Ice machines, scoops, liners clean and protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Garbage and refuse properly maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Owner Signature:	Date:
EPHS Signature:	Date: