

PLEASE READ PRIOR TO COMPLETING APPLICATION

**APPLICATIONS MUST BE COMPLETED AND EMAILED TO [EHS@TANEYCOHEALTH.ORG](mailto:ehs@taneycohealth.org)
A MINIMUM OF 10 BUSINESS DAYS PRIOR TO OPENING.**

The following documents **must** be included or your application may be rejected:

- A proposed menu
- Manufacturer specification sheets for each piece of equipment shown on the plan
- A *HACCP plan** for specialized processing methods as outlined below (if applicable)
- Site plan showing location of business in building, location of building on site including alleys, streets, and location of any outside equipment (dumpster, well, septic system)
- Plan of food establishment, drawn to scale, showing location of equipment, plumbing, hand sinks, electrical services, and mechanical ventilation
- Number, type, and purpose of equipment to be used in the food operation

If you have submitted plans via CitizenServe with the city of Branson, you do not need to re-submit any of the above documents unless specifically requested

If your establishment is in the county, contact your fire department regarding a fire inspection:

Western: 417-334-3440 Central: 417-337-8311 Forsyth: 417-546-3074

For questions regarding the application process, please contact TCHD at 417-334-4544, ext. 593 or ehs@taneycohealth.org.

To submit your complete application, please take advantage of one of the following options:

- Drop off the application at TCHD located at 320 Rinehart Rd, Branson, MO 65616,
- Email a copy to ehs@taneycohealth.org, or
- Fax a copy to 417-336-9604.

Once your application has been received, processed, and reviewed, you will receive an invoice for applicable fees. Fees must be **paid in full** prior to an inspector completing a pre-open inspection. A copy of TCHD's current fee schedule can be found at: NOT ON THE WEBSITE YET

Once your establishment has paid all applicable fees and passed a pre-open inspection, a TCHD Health Permit will be emailed to you. The permit **must** be posted in an obvious and clearly visible area within your establishment.

****A HACCP Plan is required for any of the following:***

- *Complex packaging or processing*
- *Smoking and/or Curing* (for preservation not for flavoring)
- *Fermentation and/or Dehydration*
- *Raw juicing for Retail sale*

If you are unsure if your food processes require a HACCP Plan contact TCHD at 417-334-4544, ext. 593 or ehs@taneycohealth.org

TANEY COUNTY HEALTH DEPARTMENT
FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

320 Rinehart Rd., Branson, MO 65616
 417-334-4544 EXT. 247
 417-336-9604 FAX



**Application must be completed and emailed to EHS@taneycohealth.org
 a minimum of 10 business days prior to opening.**

FOR OFFICE USE ONLY			
<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		<input type="checkbox"/> City of Branson <input type="checkbox"/> County <input type="checkbox"/> City of Hollister	
BUSINESS CONTACT INFORMATION			
Establishment Name:		Category <input type="checkbox"/> Restaurant <input type="checkbox"/> Grocery/Retail <input type="checkbox"/> Concession <input type="checkbox"/> Other	
Establishment Phone:	Establishment Fax:	Date:	
Establishment Email:		Opening Date: _____	
Establishment Address:	Billing Address:	<input type="checkbox"/> New Construction <input type="checkbox"/> Re-opening/Remodel <input type="checkbox"/> Location Change	
Owner Name:	Owner Email:	<i>In addition to completing this application it is necessary to contact the City of Branson to obtain a business license.</i>	
Owner Phone:	Owner Fax:		
Plans/applications have been submitted to the following authorities on the following dates: _____ City of Branson _____ City of Hollister _____ County Planning & Zoning _____ County Fire District			
Number of seats: _____ Number of staff: _____ (Max per shift) Total square feet of facility: _____ Number of floors on which operations are conducted: _____ Type of service: <input type="checkbox"/> Sit down meals <input type="checkbox"/> Take out <input type="checkbox"/> Caterer <input type="checkbox"/> Other _____		Hours of Operation: <input type="checkbox"/> Monday _____ am/pm to _____ am/pm <input type="checkbox"/> Tuesday _____ am/pm to _____ am/pm <input type="checkbox"/> Wednesday _____ am/pm to _____ am/pm <input type="checkbox"/> Thursday _____ am/pm to _____ am/pm <input type="checkbox"/> Friday _____ am/pm to _____ am/pm <input type="checkbox"/> Saturday _____ am/pm to _____ am/pm <input type="checkbox"/> Sunday _____ am/pm to _____ am/pm Could this potentially be a seasonal establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No Seasonal Dates: _____ to _____	

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHFs) to be handled, prepared, and served.

Category

Yes No

- Raw meats (beef, poultry, seafood)
- Pre-cooked potentially hazardous foods (hotdogs, pepperoni, lunch meat, etc.)
- Cut leafy greens, cut tomatoes, raw garlic in oil mixtures
- Unpasteurized shell eggs
- Smoked or cured for preservation, or special process foods*
- Other _____

*Submit a HACCP plan for special process foods.

FOOD SUPPLIES

- Are all food supplies from an approved source? Yes No
Sources:
- What are the projected frequencies of deliveries for:
Frozen Foods
Refrigerated Foods
Dry Goods
- How will food and single use items be stored off the floor:

COLD STORAGE

- Will raw beef, poultry, and/or seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat food? Yes No
If yes, how will cross-contamination of raw and ready-to-eat foods be prevented?
- Does each refrigerator/freezer have a thermometer? Yes No
- How will cold PHFs be maintained at 41°F (5°C) or below?

HOT HOLDING AND COOKING

- What type of temperature measuring devices will be available:
- List cooking equipment:
- How will hot PHFs be maintained at 135°F (60°C) or above?
- Indicate type and number of hot holding units:

THAWING FROZEN POTENTIALLY HAZARDOUS FOODS

○ How will PHFs be thawed? (Check all that apply)

Refrigeration

Running water less than 70°F (21°C)

Microwave (as part of cooking process)

Cooked from frozen state

Other: _____

REHEATING

○ How will PHFs that are cooked and cooled be reheated?

Indicate type and number of units used for reheating foods:

COOLING

○ How will PHFs be cooled? (Check all that apply)

Shallow pans

Ice Bath

Reduce volume/size

Rapid chill

Other: _____

○ How will PHFs be monitored during the cooling process? (If applicable):

PREPARATION

- Please indicate all employees that have documented food safety training:

Approx. number of employees: _____ Number of certified food managers: _____ Number of certified food handlers: _____

***Depending on your facilities menu, a certified food manager may be required to be present during all hours of operations.**

****Taney County requires all employees who work with unpackaged food (including bagging ice), food equipment, or assist in the sanitization of tables and dishware to be a certified food handler.**

- Will disposable gloves be available for handling of ready-to-eat foods? Yes No
- Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes No
- What type of food grade sanitizer will be used on cooking equipment, cutting boards, counter tops, and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher? **A test kit for the sanitizer must be readily available at all times.**
 - Chlorine
 - Iodine
 - Quaternary Ammonium
 - Hot Water
 - Other: _____
- 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?
- Will all produce be washed on-site prior to use? Yes No
If so, how?
- Is there a planned location used for washing produce? Yes No
Please describe produce washing area:
- How will you minimize the length of time PHFs will be kept in the temperature danger zone (41°F-135°F) during preparation?
- 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?

*Requirements for certified food managers are subject to change.

**Certified food handlers are not required in the City of Hollister unless your facility is a mobile vending unit.

***Highly Susceptible Population: Persons who are immunocompromised, preschool aged children, or the elderly

FINISH SCHEDULE

Has a copy of the plans, including a finish schedule been submitted to the City of Branson via Citzenserver or attached to this application?

Yes No If no, please complete the following table by listing the type of materials that will be used in the following areas:

AREA	FLOOR	*FLOOR COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Ware Washing Area				
Walk-in Refrigerators & Freezers				

* Floor Coving: a curved or shaped strip of wood or other material fitted as a feature at the junction of a wall with the floor

INSECT AND RODENT CONTROL

- Will all outside doors be self-closing and rodent proof? Yes No NA
- Are screen doors provided on all entrances left open to the outside? Yes No NA
- Do all operable windows have a minimum #16 mesh screening? Yes No NA
- Is the placement of *bug stunners identified on the plan? Yes No NA
- Will all pipes and electrical conduit chases be sealed and ventilation systems, exhaust, and intakes protected? Yes No NA
- Is area around the building clear of unnecessary brush, litter, boxes, and other harborage? Yes No NA
- Will air curtains be used? Yes No NA
- Will facility have monthly professional **pest control? Yes No

*Bug Stunners: The use of an electrocution device to stun insects

Chemicals used for the prevention of pests **must be approved for use in a commercial kitchen

GARBAGE AND REFUSE

Inside

- Do all containers have lids? Yes No
- Will refuse be stored inside? Yes No
If so, where? _____
- Is there an area designated for garbage can or floor mat cleaning? Yes No NA

Outside

- Will a dumpster be used? Yes No NA Number: _____ Size: _____ Stored on Non-porous Surface? Yes No
Frequency of Pickup: _____ Contractor: _____
- Will a grease bin be used? Yes No NA Frequency of Pickup: _____ Contractor: _____

PLUMBING CONNECTIONS

Please indicate, by circling or highlighting, each type of equipment that will be present and which of the following features it will have.

Plumbing Fixture	Air Gap	Air Break	Integral Trap*	"P" Trap*	Vacuum Breaker	Condensate Pump
Dishwasher						
Garbage Grinder						
Ice Machines						
Ice Storage Bin						
Sinks 3 Compartment 2 Compartment 1 Compartment						
Steam Tables						
Dipper Wells						
Refrigeration Condensate/ Drain Lines						
Beverage Dispenser w/Carbonator						

*Trap: a fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P". Full "S" traps are prohibited.

WATER SUPPLY

- Is water supply public or private? Public Private
 If private, has source been approved? Yes No Pending
- What is the capacity of the water heater? _____ gallons
- Is ice made on premises or purchased commercially? Made on Premises Purchased Commercially

SEWAGE DISPOSAL

- Is building connected to a municipal sewer? Yes No
 If no, is private disposal system approved? Yes No Pending
- Are grease traps provided? Yes No
 If so, where?
- Frequency of cleaning and maintenance of grease trap:

GENERAL

- Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, etc.):

- Are all chemicals for use on the premise, or for retail sale, stored away from food preparation and storage areas? 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? _____
 Location of clean linen storage: _____
 Location of dirty linen storage: _____
- Are bulk food containers constructed of food grade materials? Yes No

EXHAUST HOODS

Indicate all areas where exhaust hoods are installed

Location	Hood Type	Fire Protection	Air Capacity CFM	Air Makeup CFM	Cleaning Frequency

SINKS

- Is a mop sink present? Yes No
 If no, please describe facility for cleaning mops and other equipment:

- How many hand sinks will be present in the facility? Not including restrooms:

- If the menu dictates, is a food preparation sink present? Yes No

DISHWASHING FACILITIES

Will sinks or a dishwasher be used for ware washing?

Dishwasher

Type of sanitization used:

Chlorine

Iodine

Quaternary Ammonium

Heat

Hot Water Provide temp: _____

Three compartment sink

Type of sanitization used:

Chlorine

Iodine

Quaternary Ammonium

Heat

Hot Water Provide temp: _____

- Who is your chemical supplier? _____
- Do all dish machines have templates with operating instructions? Yes No
- Do all dish machines have working and accurate temperature/pressure gauges (as required)? Yes No
- Are there drain boards on both ends of the pot sink? Yes No
- Are test papers and/or kits available for checking sanitizer concentration? Yes No

HANDWASHING/TOILET FACILITIES

- Is there a handwashing sink in each food preparation and warewashing area? Yes No
- Do all handwashing sinks have a minimum water temperature of 100°F? Yes No
- Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes No
- Is hand cleanser available at all handwashing sinks? Yes No
- Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? Yes No
- Are covered waste receptacles available in each restroom? Yes No
- Are all toilet rooms' doors self-closing? Yes No
- Are all toilet rooms equipped with adequate ventilation? Yes No
- Is a handwashing sign posted in each employee restroom and at all handwashing sinks? 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): _____ Date: _____

Date: _____

Owner(s) or Responsible Representative(s)

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.

Approved: _____ Date: _____

Inspector Signature

Updated 03/2024