

TANEY COUNTY HEALTH DEPARTMENT

LODGING ESTABLISHMENT HEALTH PERMIT APPLICATION

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Public Health
Prevent. Promote. Protect.
Taney County Health Department



Application must be completed and emailed to EHS@taneycohealth.org at least 10 business days prior to proposed opening date.

<input type="checkbox"/> New Establishment	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Branson	<input type="checkbox"/> Hollister	<input type="checkbox"/> 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: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Other: _____				
Owner(s) Name:		Owner Address:		
Phone:	Fax:	Email:		

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

Plans/applications have been submitted to the following: ➤ City of Branson Date: _____ ➤ City of Hollister Date: _____ ➤ County Planning and Zoning Date: _____ ➤ Taney County Central Fire District Date: _____ ➤ Taney County Western Fire District Date: _____	Please enclose the following documents if applicable: <input type="checkbox"/> Blue prints for new construction <input type="checkbox"/> MDPS Boiler Certificate if above 200,000 BTU's <input type="checkbox"/> Backflow Prevention Testing Paperwork
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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/

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"/>
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			
B. Fire alarm system tested and approved			
C. Portable fire extinguishers proper location and inspected			
D. Sprinkler system maintained in good working order			
E. Evacuation routes posted where applicable			<input type="checkbox"/>
F. Stairs, hand rails, and ramps maintained and in good repair	<input type="checkbox"/>		
G. Vertical openings protected			
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: