ARKANSAS DEPARTMENT OF HEALTH

4815 W. Markham St., Slot 46 Little Rock, AR 72205

Retail Food Establishment Permit Application

THIS APPLICATION TO BE COMPLETED BY THE OPERATOR AND SUBMITTED, WITH APPROPRIATE FEES, TO THE REGULATORY AUTHORITY 30 DAYS PRIOR TO OPENING (Please Print Clearly or Type to ensure no delays in processing)

Date:			
Name of Establishment:			
Check One: New Remode New Ownership of Exit			Operator of Existing Facility
f your business is a retail food facility/op	•		
Have you been through Retail Food Plan Revie	ew? Yes No		Date?
Have you contacted the Local County Health I	Department? : Yes	No	
Establishment Information:			
911/ PhysicalAddress:			
City:	State:	Zip	ocode:
County:	Telephone:		
Name of Owner(s)/Corporation:			
Contact Person:			
Drivers License # or Gov. ID #			
Telephone #:	Email:		
(Please provide the following billing address <u>ON</u>	\underline{LY} if i t is different than 911,	physical address)
Mailing/Billing Address:			
City:	State:		Zip Code:
Establishment's Water Source:	Municipal Water	Well	Other (please list type)
Establishment's Sewage Disposal:	Municipal Sewage	Septic Syst	
Category: Check All That Apply:			
Restaurant \$35.00	Daycare \$35.00		
Food Store \$35.00	Retail Deli/Bake	•	Tatal Dua (
Kiosk \$35.00	Food Mobile \$3	5.00	Total Due: \$
Private School \$35.00	Food Salvage Pe		(Check or Money Order)
Public School or Charter School \$0	Summer Feeding	/ Afterschool \$3	35.00
Private Contractor (Schools) \$35.00	, DEPAR.		

EHP-99 (R11/21)

Food Safety Questions:

1.	Will the facility be serving food to a highly susceptible population?	Yes	No
	(young children, the elderly, or the chronically ill)		
2.	Will you be using specialized processing methods methods to	Yes	No
	preserve, extend shelf life, or render food so that it no longer requires		
	temperature control for safety such as vacuum packaging, curing,		NT.
	canning, or pickling? Or sprouting seeds or beans?	Yes	No
	a. If yes, do you have a HACCP plan?	Yes	No
3.	Is there a policy to exclude or restrict food workers who are sick	Yes	No
	or have infected cuts and lesions?		
4.	Are your managers/workers required to complete food safety training?	Yes	No
5.	Do you or an employee of your business with supervisory authority		
	have a Certified Food Safety Manager certification from an accredited	Yes	No
	program?		
	If yes, please provide the name of the accredited program, date of		
	expiration, and the certificate number?		

DISCLAIMER: A person may not operate a Food Establishment without a valid Permit issued by the Arkansas Department of Health (ADH). I understand that I must contact the appropriate ADH representative to schedule a pre-opening inspection. Once the pre-opening inspection is conducted, and the inspection is satisfactory, a permit will be issued. The permit must be displayed at the food establishment in a location that is conspicuous to consumers. This permit shall remain valid until expired, suspended, cancelled, revoked, or unpaid. An annual fee will be billed and due upon receipt. Permits are not transferable to new owners or new locations. ALL FEES ARE NON-REFUNDABLE.

STATEMENT: 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

THIS APPLICATION IS TO BE COMPLETED BY THE OPERATOR AND SUBMITTED, WITH THE APPROPRIATE FEES (CHECK OR MONEY ORDER), TO THE REGULATORY AUTHORITY 30 DAYS PRIOR TO OPENING.

Submit to: Arkansas Department of Health Food Protection Services 4815 W. Markham St., Slot 46 Little Rock, AR 72205

