



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Application for Food Facility Permit

**For Health Department Use Only**

Name of Facility		Facility ID Number	
Physical Address			
City		State	Zip
Mailing Address (if different from physical address)		Facility Phone Number	PH Priority
City		State	Zip
Facility Manager Name		Email	Fax #

Owner is (check[✓] one):  Association  Corporation  Individual  Partnership  Other \_\_\_\_\_

Owner Name	Owner/Designee	Designee/Contact Info
Address		Phone Number/Cell

Corporate Supervisor (if applicable)	
Address	Phone Number

Smoke Free  Yes  No

I am aware that the Mississippi State Department of Health adopts U.S. Food and Drug Administration Food Safety Rules with some additional regulations and I am familiar with all applicable sections. I have complied with all requirements of this regulation. As owner/manager of the above facility, I hereby request the Mississippi State Department of Health to make an inspection and to issue a permit to operate the facility/business named above and agree that upon proper

identification a representative of the Department of Health may enter upon these premises and into this facility/business for the purpose of making official inspections and/or collecting samples if applicable at any time this facility/business is open for business. It is further understood that, should a permit be issued, it may be suspended or revoked at any time for just cause, as determined by the regulatory authority.

<b>Applicant Name/Signature</b>		<b>Date</b>
Address	Email	Phone Number

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Application Approved Date \_\_\_\_\_ Signature \_\_\_\_\_

Facility is (check [✓] one):  New  Remodel  Conversion

Plan Review Approved Date \_\_\_\_\_ Signature \_\_\_\_\_