



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

**For Health Department Use Only**

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

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

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

Mississippi State Department of Health  
Food Establishment Plan Review Application for Stationary Facilities

Date: \_\_\_\_\_ Planned Opening Date: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

County: \_\_\_\_\_

Email address: \_\_\_\_\_

Check all that apply:

New Construction \_\_\_\_\_ Remodel \_\_\_\_\_ Change of Ownership \_\_\_\_\_

If you are taking ownership of an existing facility, what is the name of that facility? \_\_\_\_\_

If you are changing locations from an existing facility, what is the ID number of that facility? \_\_\_\_\_

Food Establishment Type:

Restaurant \_\_\_\_\_ Institution \_\_\_\_\_ Daycare \_\_\_\_\_ Caterer \_\_\_\_\_

Retail Market \_\_\_\_\_ Deli \_\_\_\_\_ Bakery/Coffee Shop \_\_\_\_\_ Bar with prepared foods \_\_\_\_\_

Snowball Stand \_\_\_\_\_ Cafeteria \_\_\_\_\_

Maximum number of employees per shift: \_\_\_\_\_

Hours of Operation: S \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_

Th \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_

Special classifications (check any that apply):

1. Food permit to be held by a public school, public junior or community college, state agency or institution, or other state institution of higher learning \_\_\_\_\_
2. Blind vendor licensed by Vocational Rehabilitation for the Blind to operate a vending stand in a public building \_\_\_\_\_
3. Child Care facility, hospital, or nursing home \_\_\_\_\_
4. Church related or private school \_\_\_\_\_
5. Food permit to be held by a non-profit organization (must provide proof of tax exemption) \_\_\_\_\_

Will you have a separate bar area? YES / NO

If yes, will any glassware be washed or any foods prepped in the bar area? YES / NO

- If so, policy may classify the bar as a separate foodservice area and an additional application, permit, and fees would be required.

Please enclose the following:

\_\_\_\_ A completed and signed Application for Food Facility Permit

\_\_\_\_ A menu or list of planned food items

\_\_\_\_ A floorplan drawing of the facility showing the placement of all food related areas and major equipment, entrances and exits, sink compartments, restrooms, and mop/garbage cleaning areas. Please label all sinks and major equipment. This can be simple and hand drawn.

\_\_\_\_ A copy of the food safety manager certification for the Person-In-Charge. A certified food safety manager must be onsite during all hours of operation. A list of accredited manager certification programs can be found here: <https://anabpd.ansi.org/Accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing?menuID=8&prgID=8&statusID=4>

\*please note, manager certification is not required for Risk Level 1 facilities

\_\_\_\_ If applicable, letters of guarantee from suppliers concerning parasite destruction of sushi items served raw. The specific types of fish/seafood must be listed on the letters.

**Basic Standard Requirements for a Stationary Food Permit Checklist (requirements may vary slightly depending on your operation):**

- ( ) 1. At least one dedicated hand sink in each prep area.
- ( ) 2. A 3 compartment warewashing sink with an indirect drain.
- ( ) 3. A conveniently accessible mop sink onsite.
- ( ) 4. A restroom with a hand sink.
- ( ) 5. All kitchen surfaces must be smooth and non-absorbent to allow for easy cleaning. (includes floors, walls, and ceilings, as well as cabinets and counters)
- ( ) 6. No exposed rafters, ceiling joists, insulation (including vinyl faced insulation), or unnecessarily exposed utility pipes/conduit or HVAC ducts in the kitchen/prep area.
- ( ) 7. All light fixtures over prep and service areas must be equipped with shatter proof coverings.
- ( ) 8. A food protection manager certificate for someone that will be working in the facility. A certified manager must be on duty during all hours of operation. (Not required for Risk Level 1)
- ( ) 9. Adequate ventilation if you will have any cooktop surfaces. Please check with the local fire department for their specific requirements.

- ( ) 10. An approved wastewater disposal system, whether a central sewer system or a private onsite system.
- ( ) 11. Restroom doors opening into a food prep or storage area must be self-closing.
- ( ) 12. Hot water must be available at all sinks.
- ( ) 13. An approved water source, whether from a public water supply or a private well.

**Please note: MSDH may advise additional measures or impose additional requirements in order to protect against hazards to public health.**

**Water Supply:**

- 1. Is the water supplied from a public water supply or a private well? \_\_\_\_\_  
 -If public, what is the name of the municipal or community water system? \_\_\_\_\_  
 -If private, has source been approved? YES / NO / PENDING

Please attach a copy of the written approval and/or permit if you already have one. If you do not already have written approval, you must contact the Bureau of Water Supply at 601-576-7518 to begin the process.

**Sewage Disposal:**

- 1. Is the building connected to a centralized sewer authority? YES / NO
- 2. If yes, what is the name of the central sewer system? \_\_\_\_\_  
**NOTE: If "central sewer" is checked, provide a written letter from the sewer authority confirming that a connection exists or can be provided.**
- 3. If no, please apply for commercial service at this link: <http://healthyms.com/wwapply>
- 4. Are grease traps provided? YES / NO

Is so, where? \_\_\_\_\_

Provide schedule for cleaning and maintenance \_\_\_\_\_

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**Plumbing and Warewashing:**

- 5. Are the 3-compartment sink and the prep sink (if applicable) indirectly plumbed with an air gap (similar to the diagrams on the next page)? YES / NO
- 6. Are all cooler condensates and ice machine condensate discharged through an air gapped line? YES / NO / NA
- 7. Do all hose connections have back flow protection such as a hose bibb vacuum breaker or a built-in vacuum breaker? YES / NO / NA
- 8. If you have one, are the dish machines and detergent/sanitizer dispensers equipped with backflow protection? YES / NO / NA
- 9. Is the beverage dispensing unit and tea/coffee water line equipped with a backflow prevention device? YES / NO / NA
- 10. Is a mop sink present? YES / NO  
Where is it located? \_\_\_\_\_

-Note: Regulation requires access to a dedicated mop sink for all types of food facilities. The sink may be located either inside or outside but it must drain into the wastewater system.

- 11. If menu dictates, is a food preparation sink present? YES / NO
- 12. Will sinks and/or a dishwasher be used for warewashing? Note: A 3 compartment warewashing sink is required for all food service establishments regardless of type.  
Dishwasher ( )  
Three compartment sink ( )

**13. Dishwasher (if applicable)**

Type of sanitization used

Hot water (temperature provided)\_\_\_\_\_

Booster heater\_\_\_\_\_

Chemical type (Chlorine or Quaternary Ammonium)\_\_\_\_\_

Is ventilation provided? YES / NO

- 14. Are drain boards/racks available at the 3 compartment sink? YES / NO
- 15. What type of sanitizer is used at the 3 compartment sink? (Please mark all that apply)
  - (a) Chlorine ( )
  - (b) Quaternary ammonium ( )
  - (c) Other \_\_\_\_\_
- 16. Are test papers/kits available for checking sanitizer concentration? YES / NO
- 17. Is ice made on site ( ) or purchased commercially ( )?
  - Please describe provision for ice scoop storage \_\_\_\_\_
  - If purchased commercially, please name the supplier \_\_\_\_\_

18. What is the capacity of the hot water generator or the rate of delivery for tankless water heater? \_\_\_\_\_

19. Is there a grease trap installed onsite? YES / NO / NA

## Indirect Drainage

Two ways to install an indirect waste line.

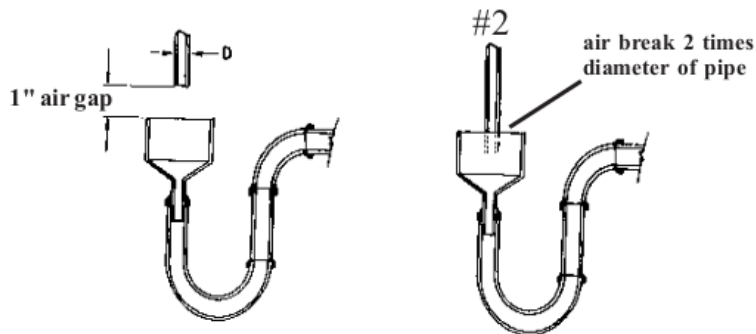
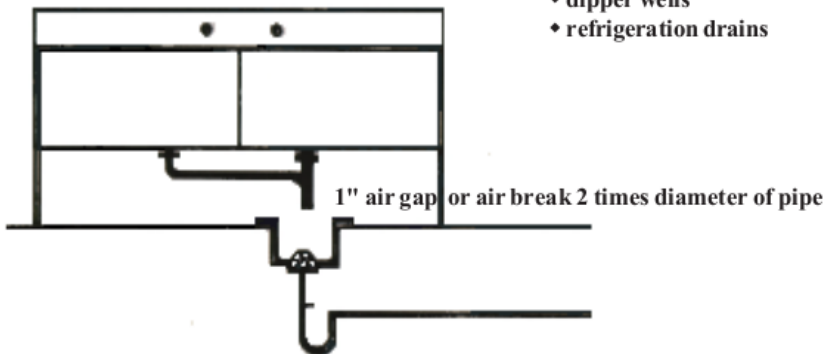
1. Drain into a floor sink

2. Modify the drain pipe under the sink to create an air gap

- ♦ modify the plumbing by cutting the pipe between the sink drain and the p-trap
- ♦ attach a funnel of approved plumbing material to the bottom of the pipe
- ♦ create an air gap two times the diameter of the pipe or a one-inch air gap with the pipe cut at an angle (see diagram #2).

The following must be indirectly drained:

- ♦ warewashing sinks
- ♦ food preparation sinks
- ♦ ice machines
- ♦ mechanical dishwashers
- ♦ dipper wells
- ♦ refrigeration drains



**Handwashing/Toilet Facilities:**

- 20. Is there a handwashing sink in each food preparation and warewashing area? YES / NO
- 21. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES / NO
- 22. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES / NO
- 23. Is hand cleanser available at all handwashing sinks? YES / NO
- 24. Are handwashing signs posted at each handwashing sink? YES / NO
- 25. Are paper towels available at all handwashing sinks? YES / NO
- 26. Are covered waste receptacles available in each restroom? YES / NO
- 27. Is hot and cold running water under pressure available at each handwashing sink? YES / NO
- 28. Are all toilet room doors self-closing? YES / NO
- 29. Are all toilet rooms equipped with adequate ventilation? YES / NO
- 30.

**Finish Schedule:** Please indicate which materials (sealed concrete, FRP, quarry tile, etc) will be used in the following areas:

Kitchen: Walls\_\_\_\_\_ Coving\_\_\_\_\_ Floors\_\_\_\_\_ Ceiling\_\_\_\_\_

Food Storage: Walls\_\_\_\_\_ Coving\_\_\_\_\_ Floors\_\_\_\_\_ Ceiling\_\_\_\_\_

Bar Area: Walls\_\_\_\_\_ Coving\_\_\_\_\_ Floors\_\_\_\_\_ Ceiling\_\_\_\_\_

Service Area: Walls\_\_\_\_\_ Coving\_\_\_\_\_ Floors\_\_\_\_\_ Ceiling\_\_\_\_\_

Restrooms: Walls\_\_\_\_\_ Coving\_\_\_\_\_ Floors\_\_\_\_\_ Ceiling\_\_\_\_\_

Are the walls, tile floors, baseboards, and grout all intact with no missing or loose pieces? YES / NO

Are there any exposed rafters, ceiling joists, insulation (including vinyl faced insulation), utility pipes/conduit or HVAC ducts in the kitchen/prep area? YES / NO

Are all kitchen area surfaces sealed/non-absorbent and smooth to allow easy cleaning? Including floors, walls, ceilings, tables, counters, shelving, and cabinetry? (No raw exposed wood or unfinished/unsealed tile, brick, tin or drywall) YES / NO

Are all light fixtures over prep and service areas equipped with shatter proof coverings? YES / NO

**Food Preparation Review**

- 31. Are all food supplies from inspected and approved sources? YES / NO  
Please list your suppliers: \_\_\_\_\_  
\_\_\_\_\_
- 32. How many deliveries do you plan to receive per week? Frozen foods: \_\_\_\_\_  
Refrigerated Foods: \_\_\_\_\_ Dry goods: \_\_\_\_\_
- 33. How will dry goods be stored 6" above the floor? \_\_\_\_\_

34. Is adequate and approved freezer and refrigeration available to store foods frozen and refrigerated foods at 41° F or below? YES / NO
35. Does each refrigerator/freezer have a thermometer? YES / NO
36. How will time/temperature control for safety foods be held at 135° F or greater for service? (Check all that apply) Steam table: \_\_\_\_\_ Heat lamps: \_\_\_\_\_ Oven: \_\_\_\_\_  
Held on grill/griddle: \_\_\_\_\_ Other (please specify): \_\_\_\_\_
37. How will time/temperature control for safety foods be held at 41° F or below for service? (Check all that apply) Reach-in refrigerator: \_\_\_\_\_ Reach-in freezer: \_\_\_\_\_ Walk-in cooler: \_\_\_\_\_  
Walk-in freezer: \_\_\_\_\_ Other (please specify): \_\_\_\_\_
38. How will frozen foods be thawed? (Check all that apply) Under refrigeration: \_\_\_\_\_ Microwave: \_\_\_\_\_  
Under cold running water: \_\_\_\_\_  
As part of the cooking process: \_\_\_\_\_ Other (specify): \_\_\_\_\_
39. How will foods be cooked? (Check all that apply) Grill: \_\_\_\_\_ Stove/oven: \_\_\_\_\_ N/A \_\_\_\_\_  
Deep fat fryer: \_\_\_\_\_ Microwave: \_\_\_\_\_ Other (specify): \_\_\_\_\_
40. How will foods be rapidly chilled to 41° F or below? (check all that apply)  
Shallow pans in refrigerator/freezer: \_\_\_\_\_ Ice bath: \_\_\_\_\_ Ice paddle or wand: \_\_\_\_\_ Other (specify): \_\_\_\_\_ N/A: \_\_\_\_\_
41. Will thermometers be available to monitor final cooking temperatures? YES / NO
42. How will cooked and refrigerated food reheated for hot holding be warmed to to 165° F within 2 hours? (Check all that apply) Stove/oven: \_\_\_\_\_ Microwave: \_\_\_\_\_ Thermalizer: \_\_\_\_\_  
Other (specify): \_\_\_\_\_ N/A: \_\_\_\_\_
43. Will food employees be trained in good food sanitation practices? YES / NO
44. How will you prevent bare-hand contact with ready-to-eat foods? (check all that apply) Tongs/spatulas/spoons: \_\_\_\_\_ Food grade disposable gloves: \_\_\_\_\_ Other (specify): \_\_\_\_\_  
\_\_\_\_\_
45. Is there a written sick worker/employee health policy to exclude or restrict food workers who are sick or have infected cuts or lesions? Everyone on staff needs to be familiar with the specific illness symptoms that would exclude them from working with food until the symptom has passed. The five symptoms are vomiting, diarrhea, jaundice, sore throat with fever, and unprotected cuts/lesions. Additionally, staff may not work with food if they are diagnosed with norovirus, hepatitis A, shigella, shiga toxin producing escherichia coli, or salmonella. YES / NO  
Note: we can provide an example if you do not already have a plan in place. Please check here if you would like one: \_\_\_\_\_
46. Will all produce be washed onsite prior to use? YES / NO
- What sink or sink compartment will be used for washing produce?  
\_\_\_\_\_



46. Are you serving: Raw oysters? YES / NO                      Raw or undercooked fish/sushi? YES / NO  
 -If applicable, what time/temperature controls will you use to prevent pathogen growth for cooked sushi rice held for service? \_\_\_\_\_
47. Are you using a Reduced Oxygen Packaging/vacuum packing process? YES / NO
48. Do you have a designated area for employee's personal belongings/medications? YES / NO
49. Are insecticides/rodenticides stored separately from cleaning/sanitizing agents? YES / NO
50. Are all toxins for use on the premises stored away from food preparation and storage areas? YES / NO
51. Are all containers of toxins including sanitizing spray bottles clearly labeled? YES / NO
52. Will linens be laundered onsite? YES / NO / NA
53. If no, how will linens be cleaned? \_\_\_\_\_
54. Are food containers constructed of safe food grade materials? YES / NO
55. What sanitizer will be used to wipe down food contact surfaces and equipment? Chlorine: \_\_\_\_\_  
 Quaternary Ammonium: \_\_\_\_\_                      Other: \_\_\_\_\_
56. Will you have test strips available for all types of sanitizers used in the facility? YES / NO
57. Will you have sufficient space/drain boards available to air dry all dishes, cookware, and utensils? YES / NO
58. Will you have written procedures in place that explain how to handle/clean a vomitus or diarrheal event in the facility? YES / NO

**Insect and Rodent Harborage:**

59. Will all outside doors be rodent proof? YES / NO / NA
60. Are screen doors and/or air curtains provided on all exterior doors that will be left open for extended periods of time (for large deliveries, etc)? YES / NO / NA
61. Do all open windows have mesh screening? YES / NO / NA
62. Will all pipes, ductwork, and electrical conduit chases be sealed at points of exit from walls? YES / NO / NA

**Garbage and Refuse:**

58. Will there be a dumpster onsite? YES / NO / NA Number of units: \_\_\_\_\_ Pickup frequency per week: \_\_\_\_\_
59. Will there be a used grease container onsite? YES / NO / NA
60. Describe surface and location where refuse receptacles will be stored (on pavement, behind building, etc): Dumpster: \_\_\_\_\_ Compactor: \_\_\_\_\_ Garbage cans: \_\_\_\_\_ Grease container: \_\_\_\_\_

**Hood Ventilation:**

61. Indicate all areas/equipment where exhaust hoods will be installed:

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62. Has the hood and Ansul system check been conducted and approved by local fire department/city officials? YES / NO / PENDING / NA

**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)

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owner(s) or responsible representative(s)

Date \_\_\_\_\_

**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.**