

City of Lake Ozark
Food Service Establishment (FSE) Checklist

Check Applicable Permit Category

- ☐ New Construction
☐ Change of Ownership Only
☐ Change of Menu Only

- ☐ Existing Building
☐ Change of Name of Business Only
☐ Other _____

Business Name: _____

Business Address: _____

Contact Person: _____
Name Title Telephone

_____ Fax Email Address

Local Contact: _____
Name Title Telephone

Facility Type (Check all applicable)

| | | | |
|-------------------|--|-----------------------------------|--|
| Restaurant | Yes <input type="checkbox"/> No <input type="checkbox"/> | Bar or Pub with alcohol sales | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Fast Food | Yes <input type="checkbox"/> No <input type="checkbox"/> | Other facility with alcohol sales | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Convenience Store | Yes <input type="checkbox"/> No <input type="checkbox"/> | Sandwich Shop | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hospital | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supermarket with meat cutting | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| School | Yes <input type="checkbox"/> No <input type="checkbox"/> | Coffee Shops-No food | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Cafeteria | Yes <input type="checkbox"/> No <input type="checkbox"/> | Coffee Shops-With food | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Care Facility | Yes <input type="checkbox"/> No <input type="checkbox"/> | Bakery | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Ice Cream Shop | Yes <input type="checkbox"/> No <input type="checkbox"/> | Other: _____ | |

Building Information

| | | | |
|------------------|--|-------------------|--|
| Free standing | Yes <input type="checkbox"/> No <input type="checkbox"/> | Strip Center/Mall | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Expansion | Yes <input type="checkbox"/> No <input type="checkbox"/> | New Construction | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Building Remodel | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Hours of Operation

Days of Operation: _____ Drive thru _____ Delivery _____
Number of Employees: _____ 1st Shift _____ 2nd Shift _____

Average daily water consumption in gallons/days: _____
Time and duration of discharge: _____

Seating Capacity

Total Occupancy of Food Serving Area: _____
Average number of meals served per day: _____
Breakfast: _____ Lunch: _____ Dinner: _____

Meals Information

- Type of dishes/utensils:

Washable Yes ☐ No ☐
 Disposable Yes ☐ No ☐

% Washable _____
 % Disposable _____

Please attach a copy of your menu along with this completed form

- Type of products cooked, heated, fried, or served:

Meat ☐ Poultry ☐ Vegetables ☐ Seafood ☐

Method(s) of cooking/heating: _____

Kitchen Equipment

| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Number of Units | Size and/or Capacity |
|-----------------------------------|--|-----------------|----------------------|
| Fryer | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Char broiler | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Grill | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Stove | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Oven | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Oven Broiler | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Wok Stove | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Other _____ | _____ | _____ | _____ |
| Sinks (including bar area) | | | |
| 3 – Compartment | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| 2 – Compartment | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| 1 – Compartment | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Hand Sink | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Vegetable Prep Sink | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Mop/Floor Sink | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Utility Sink | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Garbage Disposal | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Walk-In Cooler | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Walk-In Freezer | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Floor Drains | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Dishwasher (make/model) | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |
| Make/Model of Dishwasher _____ | | | _____ |

Chemical or High Temp

Kitchen Water Heater Tank Size (Gallons) _____ Demand (Tankless) Water Heater ☐
 Gas ☐ BTU/hr _____ Electric ☐ kW _____

Cooking Grease Handling Procedures

Grease Interceptor(s) Yes ☐ No ☐ Volume _____ Gallons
No. of Units _____
Under sink Grease Trap Yes ☐ No ☐ Size(s) _____ lb. Gpm _____
On-site Oil Dumpster Yes ☐ No ☐ Name of Oil Recycler _____

I certify under penalty of law that this document and all attachments were prepared under my supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly providing inaccurate information.

Signature

Date

Name Printed

Title

Office Use Only

Approved ☐

Denied ☐

Date: _____

Application Fee \$50.00

Date Paid: _____

Director/Superintendent _____