

JEFFERSON COUNTY HEALTH DEPARTMENT
P.O. Box 437, Hillsboro, Mo 63050 * (636) 789-3372
Food Service License Application

Temporary Permanent

Application is hereby made for a permit to operate. By this application it is agreed that the establishment will comply with the provisions of the 1999 Food Service Sanitation Order as adopted by Jefferson County, Missouri. It is further agreed that said establishment shall be open to inspection by authorized agents of the Jefferson County Health Center.

Please Type or Print Legibly

For Official Use Only

Establishment Number _____	Permit Number _____	
Date Issued _____	Date Expired _____	Date Closed _____
Sanitarian Number _____	Applicant Name _____	

Establishment Name _____		
Street & Number _____		
City _____	Zip _____	Phone () _____
Corporate Name _____	[or mailing address]	
Street & Number _____		
City _____	Zip _____	Phone () _____
Owners Name _____		
Street & Number _____		
City _____	Zip _____	Phone () _____

Site Location _____	City _____
Person In Charge _____	Phone Number () _____
Menu items _____	

Signature of Applicant _____