

## City of Lake Ozark Food Service Establishment (FSE) Checklist

Check Applicable Permit Category

- |  |   |
|--|---|
| <input type="checkbox"/> New Construction                | <input type="checkbox"/> Existing Building                      |
| <input type="checkbox"/> Change of Ownership <u>Only</u> | <input type="checkbox"/> Change of Name of Business <u>Only</u> |
| <input type="checkbox"/> Change of Menu <u>Only</u>      | <input type="checkbox"/> Other _____                            |

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name	Title	Telephone
Fax	Email Address	

Local Contact: \_\_\_\_\_

Name	Title	Telephone
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### 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: \_\_\_\_\_ 1<sup>st</sup> Shift \_\_\_\_\_ 2<sup>nd</sup> 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

% Washable \_\_\_\_\_

Disposable Yes  No

% 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**

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### Office Use Only

Approved  Denied  Date: \_\_\_\_\_

Application Fee \$50.00 Date Paid: \_\_\_\_\_

Director/Superintendent \_\_\_\_\_