

ARKANSAS DEPARTMENT OF HEALTH

4815 W. Markham St., Slot 46

Little Rock, AR 72205

Retail Food Establishment Permit Application

THIS APPLICATION TO BE COMPLETED BY THE OPERATOR AND SUBMITTED, WITH APPROPRIATE FEES, TO THE REGULATORY AUTHORITY 30 DAYS PRIOR TO OPENING

(Please Print Clearly or Type to ensure no delays in processing)

Date: _____

Name of Establishment: _____

Check One: New Remodel Mobile Unit / Push Cart
New Ownership of Existing Facility Incubator / Contract Operator of Existing Facility

If your business is a retail food facility/operation please answer the following questions

Have you been through Retail Food Plan Review? Yes No Date? _____

Have you contacted the Local County Health Department? : Yes No

Establishment Information:

911/ PhysicalAddress: _____

City: _____ State: _____ Zipcode: _____

County: _____ Telephone: _____

Name of Owner(s)/Corporation: _____

Contact Person: _____

Drivers License # or Gov. ID # _____

Telephone # : _____ Email: _____

*(Please provide the following billing address **ONLY** if it is different than 911/physical address)*

Mailing/Billing Address:

City: _____ State: _____ Zip Code: _____

Establishment's Water Source: Municipal Water Well Other _____
(please list type)

Establishment's Sewage Disposal: Municipal Sewage Septic System

Category: Check All That Apply:

- | | |
|--------------------------------------|--------------------------------------|
| Restaurant \$35.00 | Daycare \$35.00 |
| Food Store \$35.00 | Retail Deli/Bakery \$35.00 |
| Kiosk \$35.00 | Food Mobile \$35.00 |
| Private School \$35.00 | Food Salvage Permit \$35.00 |
| Public School or Charter School \$0 | Summer Feeding / Afterschool \$35.00 |
| Private Contractor (Schools) \$35.00 | |

Total Due: \$ _____
(Check or Money Order)



Food Safety Questions:

- | | | |
|---|-----|----|
| 1. Will the facility be serving food to a highly susceptible population?
(young children, the elderly, or the chronically ill) | Yes | No |
| 2. Will you be using specialized processing methods methods to
preserve, extend shelf life, or render food so that it no longer requires
temperature control for safety such as vacuum packaging, curing,
canning, or pickling? Or sprouting seeds or beans? | Yes | No |
| a. If yes, do you have a HACCP plan? | Yes | No |
| 3. Is there a policy to exclude or restrict food workers who are sick
or have infected cuts and lesions? | Yes | No |
| 4. Are your managers/workers required to complete food safety training? | Yes | No |
| 5. Do you or an employee of your business with supervisory authority
have a Certified Food Safety Manager certification from an accredited
program? | Yes | No |
- If yes, please provide the name of the accredited program, date of
expiration, and the certificate number? _____

DISCLAIMER: A person may not operate a Food Establishment without a valid Permit issued by the Arkansas Department of Health (ADH). I understand that I must contact the appropriate ADH representative to schedule a pre-opening inspection. Once the pre-opening inspection is conducted, and the inspection is satisfactory, a permit will be issued. The permit must be displayed at the food establishment in a location that is conspicuous to consumers. This permit shall remain valid until expired, suspended, cancelled, revoked, or unpaid. An annual fee will be billed and due upon receipt. Permits are not transferable to new owners or new locations. ALL FEES ARE NON-REFUNDABLE.

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) _____
owner(s) or responsible representative(s) *Date*

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**Submit to:
Arkansas Department of Health
Food Protection Services
4815 W. Markham St., Slot 46
Little Rock, AR 72205**

