



SAINT LOUIS COUNTY DEPARTMENT OF HEALTH
Division of Environmental Protection
Food and Environmental Branch
 111 S. Meramec, 2ND Floor, Clayton, MO 63105
 314-615-8900

For Office Use Only
(Stamp Received)

**FOOD ESTABLISHMENT REMODEL/CHANGE OF OWNERSHIP
 PLAN REVIEW APPLICATION**

Fee Schedule is \$210

This Application is for Plan Approval for a Remodel or Change of Ownership Only.

Unincorporated St. Louis County or Name of Municipality _____

Name of Establishment: _____
 Establishment's Address: _____
 Establishment's City, State and Zip Code: _____
 Establishment's Telephone Number: _____ Permit Application Center Number: _____
 Establishment's Fax Number: _____

CONTACTS

Primary Contact

Check one - Direct all correspondence to:

Title: Applicant Architect Consultant Owner Contractor Engineer General Manager
 Legal Counsel Parent Company

Name: _____ Phone: Office _____ Cell _____
 Company: _____ Fax _____
 Address: _____
 Email Address: _____

Description of Remodel:

Type of Establishment

Indicate below the type of establishment. You may check more than one box.

Check One	Establishment Type	Check One	Establishment Type
<input type="checkbox"/>	Full Service	<input type="checkbox"/>	Retail (No food preparation or service)
<input type="checkbox"/>	Bar	<input type="checkbox"/>	Convenience Store (No food preparation or service)
<input type="checkbox"/>	Deli, Seafood or Meat Market	<input type="checkbox"/>	Concession, Coffee or Specialty Shop
<input type="checkbox"/>	Caterer	<input type="checkbox"/>	
<input type="checkbox"/>	School	<input type="checkbox"/>	Mobile Unit or Seasonal
<input type="checkbox"/>	Fast Food	<input type="checkbox"/>	Other _____

CERTIFICATION

I hereby certify that I accept full responsibility that the information contained herein is true and accurate. I understand the establishment named herein shall be constructed in compliance with the Saint Louis County Food Code. I understand that failure to comply may result in the disapproval of this permit application.

Signature of Authorized Representative of the Establishment	Title of Authorized Representative of the Establishment
Printed Name of Authorized Representative of the Establishment	Date