

**ARKANSAS DEPARTMENT OF HEALTH**

4815 W. Markham St., Slot 46

Little Rock, AR 72205

**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  Converting Facility to a Food Business  
 New Ownership of Existing Facility

Name of Previous Establishment:

Previous Customer Number:

**Establishment Information:**

911/ PhysicalAddress:

City: State: Zipcode:

County: Telephone:

Name of Owner(s)/Corporation:

Contact Person:

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:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Restaurant \$35.00     | <input type="checkbox"/> Daycare \$35.00               | Summer Feeding/After School Program \$35.00 |
| <input type="checkbox"/> Food Store \$35.00     | <input type="checkbox"/> Deli/Bakery \$35.00           | Hospital Food Service \$35.00               |
| <input type="checkbox"/> Kiosk \$35.00          | <input type="checkbox"/> Food Mobile \$35.00           |   |
| <input type="checkbox"/> Private School \$35.00 | <input type="checkbox"/> Manufacture/Warehouse \$35.00 |   |
| <input type="checkbox"/> Public School          | <input type="checkbox"/> Food Salvage Permit \$150.00  |   |

Total Due: \$



**Food Safety Questions:**

- 1. Will the facility be serving food to a highly susceptible population?  Yes  No  
(young children, the elderly, or the chronically ill)
- 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

---

**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*

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

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

