

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 Incubator / Contract Operator of Existing Facility

Check Appropriate Block(s): Mobile food Service Food Service Establishment Manufacture/Wholesale
 Plans Attached Equipment List Attached Menu Attached Standard Operating Procedures Attached

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 |
| <input type="checkbox"/> Food Store \$35.00 | <input type="checkbox"/> Deli/Bakery \$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 |
| <input type="checkbox"/> Summer Feeding / Afterschool \$35.00 | <input type="checkbox"/> Other _____ |

Total Due: \$



PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS

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 information and approved food service plans and specifications without prior permission from the Arkansas Department of Health authority may nullify this approval.

Approval of these plans and specifications by the Arkansas Department of Health authority **DOES NOT** indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It **DOES NOT** constitute endorsement or acceptance of the completed establishment (structure or equipment).

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

