



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Application for Food Facility Permit

		<b>For Health Department Use Only</b>	
Name of Facility		Facility ID Number	
Physical Address			
City		State	Zip
Mailing Address (if different from physical address)		Facility Phone Number	PH Priority
City		State	Zip
Facility Manager Name		Email	Fax #
Owner is (check [✓] one): <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			
Owner Name		Owner/Designee	Designee/Contact Info
Address		Phone Number/Cell	
Corporate Supervisor (if applicable)			
Address		Phone Number	
Smoke Free <input type="checkbox"/> Yes <input type="checkbox"/> No			

I am aware that the Mississippi State Department of Health adopts U.S. Food and Drug Administration Food Safety Rules with some additional regulations and I am familiar with all applicable sections. I have complied with all requirements of this regulation. As owner/manager of the above facility, I hereby request the Mississippi State Department of Health to make an inspection and to issue a permit to operate the facility/business named above and agree that upon proper

identification a representative of the Department of Health may enter upon these premises and into this facility/business for the purpose of making official inspections and/or collecting samples if applicable at any time this facility/business is open for business. It is further understood that, should a permit be issued, it may be suspended or revoked at any time for just cause, as determined by the regulatory authority.

<b>Applicant Name/Signature</b>		<b>Date</b>	
Address		Email	Phone Number

<b>For Health Department Use Only</b>	
Application Approved Date _____	Signature _____
Facility is (check [✓] one): <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion	
Plan Review Approved Date _____	Signature _____