

City of Branson

APPLICATION FOR CONSTRUCTION PERMIT

Project Name		Project 911																						
Owner		Address:																						
		Phone _____	Brief description of work:																					
		Cell _____																						
Mailing address		Email _____																						
City of Branson Licensed Contractor		Phone _____	Estimated construction value of project:																					
		Cell _____																						
		Mailing address			Email _____																			
Missouri Registered Architect/Engineer		Phone _____	<p style="text-align: center;">Original Signature of Applicant</p> I hereby certify I am the owner or duly authorized owner's agent, I have read this application and all information is correct. I further certify, I have read, understand, and will comply with all the provisions outlined hereon. I also certify the plot plan submitted is a complete and accurate plan showing any and all existing and proposed structures on the subject property. <u>PROVISIONS:</u> The issuance of a permit shall not be construed to release the owner or owner's agents from the obligation to comply with the provisions of all laws and ordinances, including federal, state, and local jurisdictions, which regulate construction and performance of construction. A permit will become null and void if the construction work authorized has not begun within 180 days from the date of issuance or if work is suspended or abandoned for 180 days prior to the final inspection.																					
		Cell _____																						
		Mailing address			Email _____																			
<p>Residential Project: Will this be a rental? No</p> <p style="padding-left: 200px;">Yes → Nightly Monthly</p> <p>Commercial Project: requires 2 wetseal drawings and 5 copies by a Missouri registered design professional</p>																								
<p>New construction</p> <p>Existing structure: If project is related to existing structure, check all boxes below that apply:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Repair</td> <td style="width: 20%;">Alteration</td> <td style="width: 20%;">Addition</td> <td style="width: 20%;">Solar Panel</td> </tr> <tr> <td>Mechanical Only</td> <td>Plumbing Only</td> <td>Electrical Only</td> <td></td> </tr> <tr> <td>Re-roof</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deck</td> <td></td> <td></td> <td></td> </tr> <tr> <td>New electrical service</td> <td></td> <td></td> <td></td> </tr> </table> <p style="margin-left: 150px;">} → If you checked either of the 3 boxes to the left, please complete and attach the required worksheet.</p>					Repair	Alteration	Addition	Solar Panel	Mechanical Only	Plumbing Only	Electrical Only		Re-roof				Deck				New electrical service			
Repair	Alteration	Addition	Solar Panel																					
Mechanical Only	Plumbing Only	Electrical Only																						
Re-roof																								
Deck																								
New electrical service																								
Are you building in a floodplain?		Yes	If you checked Yes, please complete and attach a Floodplain Development Application Form																					
		No																						
Are building plans or construction documents being supplied as part of this application?		Yes																						
		No																						
This Section For Official Use Only																								
square feet	# of seats	# of rooms	occupancy load	# of employees																				
in floodplain	hazard type	construction type	use group	sprinkler system																				
This Section For Official Use Only																								
Application reviewed and approved by:		Date																						
Building																								
Engineering/PW																								
Fire																								
Health																								
Landscaping/Planning																								
Utilities																								

Office Use Only
Permit number
Date applied
Fees due
Project Type Category
of sets of plans submitted
Plans in file
Rolled plans
Other documents submitted
Roof/Deck
Electrical Serv.
Structural Eng. Report
Floodplain Dev. App.



Electrical Service Installation Worksheet

Project Address _____

Permit # _____
Office Use

Contractor or Owner Name _____

Service Provider (check a box): Empire Electric White River Electric

Electrical Service Upgrade (check a box): Residential Commercial

Please provide the following information.

1. Current size of service: _____ amp.

2. Current grounding system:

<input type="checkbox"/> ground rod	<input type="checkbox"/> metal water service	<input type="checkbox"/> plate
<input type="checkbox"/> grounding ring	<input type="checkbox"/> concrete encased electrode	

3. Proposed size of service upgrade: _____ amp.

4. Proposed grounding system update:

<input type="checkbox"/> ground rod	<input type="checkbox"/> grounding ring	<input type="checkbox"/> concrete encased electrode
<input type="checkbox"/> plate		

5. Current service: overhead underground

6. Proposed service: overhead underground

Per City of Branson Code Sec 18-47:

- The service disconnecting means shall be installed at a readily accessible location outside of a building or structure. This requirement shall apply when replacing a electric panel and when replacing a service disconnect not in a readily accessible location outside of a building or structure.
- Where an owner is doing work on owner’s personal residence, all wiring from the point of utility connection into the structure shall be of copper conductors.

Per NEC 2014:

- The combination meter/main service disconnect enclosure to be installed shall be rated as a NEMA 3R.
- Service Grounding Conductors shall be sized accordingly as per 250.66 and Service Conductors as per 310.15.(B) (6) and properly identified.
- Connection of the Main Bonding Jumper as per 250.28
- Disconnect enclosures shall be properly/permanently identified, not located above stairs, properly bonded.
- Service riser conduit is to be of Schedule 80 if PVC , properly secured and clearances observed.
- If a metal sweep is used less that 18” below grade, it is to be bonded with the grounding conductor.

Note: If a new service is replacing a combination disconnect/breaker panel that is located on the inside of the building, separate grounding and grounded buss terminals will be required and all conductors appropriately located. In addition, if this electric service installation is for new construction in multi-unit buildings, the drywall in the immediate area of the breaker panel and a GFIC must be installed (1-per floor). The panel cover must also be available for immediate installation after inspection.

After obtaining a permit and initiating the install, call the inspection line at 417-337-8505 for a rough in inspection to inspect any/all of the following :

- trench
- conductor applications
- riser mounting/attachment
- bonding and grounding electrode placement/connections

If approved, an orange “Approved” sticker will be placed on the enclosure and the Service Provider can be contacted for service activation. A final inspection is required. Please call the aforementioned inspection line.

In the space below, or on a separate attached sheet, please diagram an overhead view, (site plan), showing the current and proposed service locations as well as any trenching and setback dimensions which will be incorporated into the work.

SITE PLAN



Utilities Plan Review – original
Water Distribution – 1 copy
Finance – 1 copy

**CITY OF BRANSON
WATER CONNECTION APPLICATION**

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S MAILING ADDRESS: _____

MONTHLY WATER BILLING ADDRESS: _____

PROPERTY OWNER'S PHONE: _____ DATE: _____

INSTALLED WATER METER BILLING NAME, ADDRESS & PHONE NUMBER (If different than above)

METER LOCATION & ADDRESS: _____

SIZE(S) & INTENDED SERVICE OF METER(S) OR TAP(S):

_____ Domestic _____ Irrigation _____ Fire Tap _____
QTY SIZE QTY SIZE QTY SIZE

ORDINANCE #2013-0178 Sect. 90-26

For any installation of new meter service, the applicant shall pay all city costs for the installation including meter, parts, materials, labor and equipment.

A DEPOSIT WILL BE REQUIRED PRIOR TO WATER BEING TURNED ON!

Water pressure reducing valve or regulator: Where water pressure within a building exceeds 80 psi static, an approved water pressure reducing valve conforming to ASSE 1003 with strainer shall be installed (by the property owner's plumbing contractor) to reduce the pressure in the building water distribution piping to 80 psi static or less. Exceptions to this requirement are service lines to sill cocks and outside hydrants, and main supply risers where pressure for the mains is reduced to 80 psi or less at individual fixtures.

Date of installation may vary depending on availability of parts. Please allow for up to eight (8) weeks for installation.

I do hereby agree that the above billing address is the responsible party for payment of meter invoices. All payments are due and delinquent after 30 days of invoicing.

(Signature)



DATE: _____

**CITY OF BRANSON
SEWER CONNECTION APPLICATION**

NAME: _____ PHONE #: _____

DRIVERS LICENSE #: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

SEWER CONNECTION 911 ADDRESS: _____

IS THE SEWER CONNECTION ADDRESS LOCATED WITHIN THE CITY LIMITS: YES NO

PROPERTY OWNER'S NAME: _____ PHONE #: _____

(If different than above)

PROPERTY OWNER'S MAILING ADDRESS: _____

(If different than above)

IS THE SEWER SERVICE AT THE LOCATION FOR:

 Primary Home Vacation Home Rental Residence Business Other/ Explain: _____

NAME OF WATER COMPANY THAT SERVES THIS PROPERTY: _____

CONTRACTOR NAME: _____ PHONE #: _____

CITY OF BRANSON BUILDING SEWER SPECIFICATIONS AND REQUIREMENTS

1. Customer shall pay for all costs associated to connection of sewer service to city sewer main including all construction cost, permit fees, inspection fees and sewer system connection charges.
2. Connections must be completed in accordance with the International Plumbing/Residential code and all City specifications and requirements listed in chapter 90 of the municipal code.
3. Contractor or owner shall deposit a bond of \$500 with the Finance Department and Contractors shall have a valid Contractors License through the City of Branson before a permit will be issued.
4. Call 1-800-DIG-RITE for locates on utilities prior to excavation.
5. Call the Utilities Division (417-243-2731) at least 24 hours prior for all inspections and testing.

I do hereby agree to comply with all of the above City specifications and requirements and to pay all charges for water and/or sewer service at the above address as long as said service remains in my name. I will notify the City of Branson in the event I discontinue service in my name at the above address and will submit a new forwarding mailing address at that time.

Applicant Name (Print): _____ Applicant Signature: _____

Starting Date of Service: _____

(Office use only)

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
 - d. Lighting schedule with protectors;
 - (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - (2) At least 220 lux (20 foot candles):
 - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 - (b) Inside equipment such as reach-in and under-counter refrigerators;
 - (c) At a distance of 75 cm (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and in toilet rooms; and
 - (3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
 - e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).
 - f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;
 - g. A color coded flow chart demonstrating flow patterns for:
 - food (receiving, storage, preparation, service);
 - food and dishes (portioning, transport, service);
 - dishes (clean, soiled, cleaning, storage);
 - utensil (storage, use, cleaning);
 - trash and garbage (service area, holding, storage);
 - h. Ventilation schedule for each room;
 - i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
 - j. Garbage can washing area/facility;
 - k. Cabinets for storing toxic chemicals;
 - l. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
 - m. Completed Section 1;
 - n. Site plan (plot plan)

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF'S) to be handled, prepared, and served.

Category*

- | | Yes | No |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Thick meats, whole poultry (roast beef, whole turkey, chickens, or hams) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cold processed foods (salads, sandwiches, vegetables) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Bakery goods (pies, custards, cream fillings, and toppings) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

*A generic HACCP plan for each category of food may be available from TCHD for reference.

HACCP PLAN REQUIREMENTS

Special Processes Requiring a HACCP Plan:

HACCP: A written document that delineates the formal procedures for following the HAZARD Analysis and CRITICAL CONTROL POINT principles developed by The National Advisory Committee on Microbiological Criteria for Foods.

- *Reduced Oxygen Packaging (ROP)* The term ROP can be used to describe any packaging procedure that results in a reduced oxygen level in a sealed package. The term is often used because it is an inclusive term and can include packaging options such as: *Cook-chill, Controlled Atmosphere Packaging (CAP), Modified Atmosphere Packaging (MAP), Sous Vide, Vacuum Packaging*
- *Other Food Manufacturing/Processing Operations*
- *Smoking and Curing* (for preservation not for flavoring)
- *Fermentation and Dehydration*
- *Raw juicing for Retail sale*

If you are unsure if you have a special process that would require a HACCP Plan or have questions, please contact an inspector at the health department for more information.

FOOD SUPPLIES

- Are all food supplies from inspected and approved sources? Yes No
- What are the projected frequencies of deliveries for:
 - Frozen foods _____
 - Refrigerated foods _____
 - Dry goods _____
- How will dry goods be stored off the floor? _____

COLD STORAGE

- Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat food? Yes No
If yes, how will cross-contamination be prevented? _____

- Does each refrigerator/freezer have a thermostat? Yes No

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD

Please indicate by checking the appropriate boxes how frozen Potentially Hazardous Food (PHF's) in each category will be thawed. More than one method may apply.

Thawing Method	Thick Frozen Foods (more than an inch)	Thin Frozen Foods (approx. one inch or less)
➤ Refrigeration		
➤ Running water less than 70°F (21°C)		
➤ Microwave (as part of cooking process)		
➤ Cooked from frozen state		
➤ Other (describe)		

COOKING

- What type of temperature measuring devices will be available: _____
- List types of cooking equipment: _____

HOT/COLD HOLDING

- How will hot PHF's be maintained at 140°F (60°C) or above and cold PHF's be maintained at 41°F (5°C) or below during holding service?
 Indicate type and number of hot holding units: _____

COOLING

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours).

Cooling Method	Thick Meats	Thin Meats	Thin Soups/Gravy	Thick Soups/Gravy	Rice/Noodles
Shallow pans					
Ice Bath					
Reduce volume/size					
Rapid chill					
Other (describe)					

REHEATING

How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds within 2 hours. Indicate type and number of units used for reheating foods: _____

PREPARATION

- Please indicate all employees that have documented food safety training:

Total number of employees: _____ Number of certified food managers: _____ Number of certified food handlers _____

- Will disposable gloves be available for handling of ready-to-eat foods? Yes No
- Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes No
- How will cooking equipment, cutting boards, counter tops, and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type:

- Chlorine
- Iodine
- Quaternary Ammonium
- Hot Water
- Other

Test Kit: Yes No

- Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? Yes No

If not, how will ready-to-eat foods be cooled to 41°F? _____

- Will all produce be washed on-site prior to use? Yes No
- Is there a planned location used for washing produce? Yes No

Please describe produce washing area: _____

- Describe the procedure for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F-140°F) during preparation: _____
- _____
- _____

- Will the facility be serving food to a *highly susceptible population? Yes No

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

* **Highly Susceptible Population:** Persons who are more likely than other people in the general population to experience foodborne disease because they are:

(1) Immunocompromised; preschool age children, or older adults; and

(2) Obtaining FOOD at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.

FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas:

AREA	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Ware Washing Area				
Walk-in Refrigerators & Freezers				

INSECT AND RODENT CONTROL

- Will all outside doors be self-closing and rodent proof? Yes No NA
 - Are screen doors provided on all entrances left open to the outside? Yes No NA
 - Do all operable windows have a minimum #16 mesh screening? Yes No NA
 - Is the placement of electrocution devices identified on the plan? Yes No NA
 - Will all pipes and electrical conduit chases be sealed and ventilation systems, exhaust, and intakes protected? Yes No NA
 - Is area around the building clear of unnecessary brush, litter, boxes, and other harborage? Yes No NA
 - Will air curtains be used? Yes No NA
- If yes, where? _____

GARBAGE AND REFUSE

Inside

- Do all containers have lids? Yes No
 - Will refuse be stored inside? Yes No
- If so, where? _____
- Is there an area designated for garbage can or floor mat cleaning? Yes No NA

Outside

- Will a dumpster be used? Yes No NA Number: _____ Size: _____ Stored on Non-porous Surface? Yes No
Frequency of Pickup: _____ Contractor: _____
- Will a compactor be used? Yes No NA Number: _____ Size: _____ Frequency of Pickup: _____
Contractor: _____

PLUMBING CONNECTIONS

○ Are floor drains provided and easily cleanable? Yes No NA

If so, indicate location: _____

Please mark all that apply on table below

Plumbing Fixture	Air Gap	Air Break	Integral Trap*	"P" Trap*	Vacuum Breaker	Condensate Pump
Toilet						
Urinals						
Dishwasher						
Garbage Grinder						
Ice Machines						
Ice Storage Bin						
Sinks Mop Janitor Hand Wash 3 Compartment 2 Compartment 1 Compartment Water Station						
Steam Tables						
Dipper Wells						
Refrigeration Condensate/ Drain Lines						
Hose Connection						
Beverage Dispenser w/Carbonator						
Other						

*Trap: a fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P". Full "S" traps are prohibited.

WATER SUPPLY

- Is water supply public or private? Public Private
- If private, has source been approved? Yes No Pending

Please attach a copy of written approval and/or permit.

- Is ice made on premises or purchased commercially? Made on Premises Purchased Commercially
- If made on premise, are specifications for the ice machine provided? Yes No

Describe provision for ice scoop storage: _____

- What is the capacity of the water heater? _____ gallons
- Is there a water treatment device? Yes No

If yes, how will the device be inspected and serviced? _____

SEWAGE DISPOSAL

- Is building connected to a municipal sewer? Yes No
- If no, is private disposal system approved? Yes No Pending

Please attach copy of written approval and/or permit

- Are grease traps provided? Yes No

If so, where? _____

Provide schedule for cleaning and maintenance: _____

GENERAL

- Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, etc.): _____

- Are insecticides/rodenticides stored separately from cleaning and sanitizing agents? Yes No

Indicate location: _____

- Are all chemicals for use on the premise or for retail sale, stored away from food preparation and storage areas? Yes No

Indicate location: _____

- Will linens be laundered on site? Yes No

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

Location of clean linen storage: _____

Location of dirty linen storage: _____

- Are bulk food containers constructed of food grade materials? Yes No

Indicate type: _____

GENERAL (CONT'D)

Indicate all areas where exhaust hoods are installed

Equipment Type	Hood Type	Square Feet	Fire Protection	Air Capacity CFM	Air Makeup CFM

- How are the listed ventilation hood systems cleaned? _____

SINKS

- Is a mop sink present? Yes No
 If no, please describe facility for cleaning mops and other equipment: _____

- If the menu dictates, is a food preparation sink present? Yes No

DISHWASHING FACILITIES

Will sinks or a dishwasher be used for ware washing?

- Dishwasher
- Two compartment sink
- Three compartment sink

Type of sanitization used:

Hot Water (provide temp): _____

Booster Heater: _____

Chemical Type:

- Chlorine
- Iodine
- Quaternary Ammonium
- Other

Is ventilation provided? Yes No

- Do all dish machines have templates with operating instructions? Yes No
- Do all dish machines have temperature/pressure gauges as required that are accurately working? Yes No
- Does the largest pot and pan fit into each compartment of the pot sink? Yes No

If no, what is the procedure for manual cleaning and sanitizing? _____

- Are there drain boards on both ends of the pot sink? Yes No
- Are test papers and/or kits available for checking sanitizer concentration? Yes No

HANDWASHING/TOILET FACILITIES

- Is there a handwashing sink in each food preparation and warewashing area? Yes No
- Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? Yes No
- Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes No
- Is hand cleanser available at all handwashing sinks? Yes No
- Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? Yes No
- Are covered waste receptacles available in each restroom? Yes No
- Is hot and cold running water under pressure available at each handwashing sink? Yes No
- Are all toilet rooms' doors self-closing? Yes No
- Are all toilet rooms equipped with adequate ventilation? Yes No
- Is a handwashing sign posted in each employee restroom and at all handwashing sinks? Yes No

SMALL EQUIPMENT REQUIREMENTS

Please specify the number, location, and types of each of the following:

Equipment	Type	Quantity	Location
Slicers			
Cutting Boards			
Can Openers			
Mixers			
Floor Mats			
Other			

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): _____ Date: ____/____/____

Owner(s) or Responsible Representative(s) Date: ____/____/____

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law, or regulation that may be required-federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Approved: _____ Date: ____/____/____
Inspector Signature