



**SAINT LOUIS COUNTY DEPARTMENT OF HEALTH**  
**Division of Environmental Protection**  
**Food and Environmental Branch**  
 111 S. Meramec, 2<sup>ND</sup> 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.

<b>Check One</b>	<b>Establishment Type</b>	<b>Check One</b>	<b>Establishment Type</b>
<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