

Request for Permit

Please complete the following Request for Permit and email to agr.foodsafety@nebraska.gov with the subject line "Request for Permit". Our food safety team will reach out to schedule your inspection OR request additional information within 30 days.

*Please allow a minimum of 30 days between application submission and date of inspection.
If required, floor plan reviews may take an additional 30 days to complete BEFORE inspection.*

Inspections MUST take place prior to a food establishment operating. If the food establishment, food processing plant, or salvage operation has been in operation prior to applying for a permit, the applicant shall pay an additional fee of \$60.

Food permits are non-transferable to any other person or location. Any permit issued lapses automatically upon change of ownership or location.

Permits are to be renewed by August 1 of each year, regardless of when the permit was obtained. The director shall set the initial permit fee and the annual fees on or before July 1 of each fiscal year. The Director may raise or lower the fees each year. Fees can be found in the [Nebraska Pure Food Act](#). [Click here](#) to view frequently asked questions (FAQs) regarding the Food Establishment Fee.

Additional Resources for Commercial Processors

A commercial processor, when first engaging in the manufacture, processing, or packing of acidified foods (AF) or low-acid canned Foods (LACF) must register and file with FDA. For more information regarding FDA requirements, [click here](#).

Section 415 of the FD&C Act (21 U.S.C. 350d) requires domestic and foreign facilities that manufacture, process, pack, or hold food for human or animal consumption in the United States to register with FDA. [Click here](#) to register.

Establishment Information

Establishment name: _____

Address: _____

Phone number: _____

Email: _____

Planned opening date: _____

Anticipated sales/meals per week: _____

Previous establishment name, if applicable: _____

Hours of Operation

M: _____

T: _____

W: _____

TH: _____

F: _____

S: _____

S: _____

Check here if operation is open seasonally/intermittent

If so, what date range will the establishment be open for? _____

Non-permanent establishments:

Do you plan to operate in Douglas, Lancaster, or Hall County? Yes No N/A

All Establishments:

Water Source: Public Private

Water Disposal: Public Private

Business Type:

Retail (All sales to final consumer)

Wholesale (All sales to other businesses)

Wholesale + Retail on Same Premises

Food and Specialized Processing *(check all that apply)*

**Specialized processes may require facility to complete a variance application and develop a HACCP plan. A member of our food safety team will contact you with further instructions if additional information is required.*

Please attach a FULL MENU to your Request for Permit.

Category	Retail	Wholesale
Repacking from Bulk Quantities	<input type="checkbox"/>	<input type="checkbox"/>
Seafood: Processing/Sushi/Smoked Fish	<input type="checkbox"/>	<input type="checkbox"/>
Smoked or Cured Meat	<input type="checkbox"/>	<input type="checkbox"/>
Freeze Drying	<input type="checkbox"/>	<input type="checkbox"/>
Reduced Oxygen (Vacuum) Packaging	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Category	Retail	Wholesale
Low Acid/Acidified Food Processing <i>(e.g. canned/jarred foods)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Jams/Jellies/Fruit Spreads	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol: Beer/Wine/Distilled/Kombucha	<input type="checkbox"/>	<input type="checkbox"/>
Fruit/Vegetable Juice Processing	<input type="checkbox"/>	<input type="checkbox"/>
Bottled Water Production	<input type="checkbox"/>	<input type="checkbox"/>
Molluscan Shellfish & Clams	<input type="checkbox"/>	<input type="checkbox"/>

Retail Operations *type of operation (select all food handling activities that apply)*

Category	Retail
Customer Self-service Foods	<input type="checkbox"/>
Food Service on Premise	<input type="checkbox"/>
Pre-packaged food sales	<input type="checkbox"/>
Hot Holding	<input type="checkbox"/>
Cold Holding	<input type="checkbox"/>
Cooking	<input type="checkbox"/>
Cooling	<input type="checkbox"/>
Reheating	<input type="checkbox"/>
Offering animal products raw or undercooked	<input type="checkbox"/>

Meat Market*	<input type="checkbox"/>
*Custom Processing? <input type="checkbox"/>	
Seafood Market	<input type="checkbox"/>
Deli Department	<input type="checkbox"/>
Bakery	<input type="checkbox"/>
Produce Market	<input type="checkbox"/>
Sushi	<input type="checkbox"/>
Time as Public Health Control	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Operations Summary *Please summarize the type of food establishment you intend to operate:*

Construction *Please attach floor plans to your request*

N/A New Build Change/Remodel

Please describe the building changes, if any:

Change of Operation Notification *Notice to all applicants*

By signing this form, I attest that the information contained herein, including any supplemental documentation attached to this document for the submission process, is accurate for my intended operations. I understand that any changes to my business model or facility operations may necessitate additional facility and/or equipment requirements. I will notify the Nebraska Department of Agriculture prior to beginning any change of operation not disclosed in this form, so the facility and/or equipment requirements can be reassessed to ensure continued compliance with the Department's regulations.

Signature of Applicant

Date

Printed Name

Title of Applicant

Internal Use Only

Reviewed By _____

Date _____

Printed Name _____

Title _____

Scheduled Date of Inspection: _____