

Request for Permit

Please complete the following Request for Permit electronically and email the completed file 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.*

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.

Please view our [resources](#) page for requirements and additional information.

Establishment Information

Establishment Name:

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Commissary Address (or N/A): _____ City: _____ County: _____ State: _____ Zip: _____

Owner Name: _____ Type of Entity: ☐ Individual ☐ Partnership ☐ Corporation/LLC

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone number: _____

Email: _____

Planned opening date: _____

Hours of Operation

☐ Check here if operation is open seasonally/intermittent

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

Water Requirements 5-102.13; *Water from a nonpublic water system (private well) shall be sampled and tested at least annually and as required by state water quality regulations.*

Water Source (check one): ☐Public Connection ☐Private Well

Water heater size: _____

Food Trucks/ Mobile Food Units Only:

Planned method of wastewater disposal: _____

Fresh water tank size: _____

Waste water tank size: _____

Specialized Processing (if applicable) 8-201.13; *When a HACCP Plan is Required*

Check here if your operation is performing any of the following activities:

- ☐ *Packaging time/temperature control for safety food using a reduced oxygen packaging*
- ☐ *Smoking food as a method of preservation*
- ☐ *Curing food*
- ☐ *Using food additives or adding components such as vinegar as a method of preservation*
- ☐ *Operating a molluscan shellfish life support system display tank for human consumption*
- ☐ *Custom processing animals that are for personal use as food*
- ☐ *Sprouting seeds or beans*

Floor Plan Review Notification (*[Information Needed for a Plan Review](#))

81-2,267: Prior to construction of, conversion to, or remodeling of a food establishment, food processing plant, or salvage operation, properly prepared plans and specifications for such construction, conversion, or remodeling shall be submitted to the regulatory authority for review and approval.

Type of Establishment (check one):

- | | |
|---|---|
| <input type="checkbox"/> Existing Building | <input type="checkbox"/> Temporary Food Establishment |
| <input type="checkbox"/> New Building | <input type="checkbox"/> New Food Truck |
| <input type="checkbox"/> Renovated Building | <input type="checkbox"/> Used Food Truck |

Operations Summary *(Please attach a FULL MENU to your Request for Permit.)*

Please choose the method of sale and describe the type of food establishment you intend to operate:

Method of selling (check one): ☐ retail ☐ wholesale ☐ retail + wholesale

Change of Operation Notification *Notice to all applicants*

By signing my name, 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.

Name

Date

At the time of your inspection, an NDA inspector will require the following information to complete your application:

1. Applicant's full name
2. Mailing address
3. Names and addresses of any partners, members, or corporate officers
4. Name and address of the person authorized by the applicant to receive the notices and orders of the Department as provided in the Nebraska Pure Food Act
5. Whether the applicant is an individual, partnership, LLC, corporation, or other legal entity
 - a. Proof of citizenship/alien registration (USCIS) may be requested.
6. Location and type of proposed establishment or operation
7. Signature of the applicant