



HICKORY COUNTY HEALTH DEPARTMENT

201 Cedar Street—PO Box 21

Hermitage, Missouri 65668

417/745-2138

[www.hickorycountyhealth.org](http://www.hickorycountyhealth.org)

May 5, 2014

Restaurant Owner/Manager,

Your establishment has been selected to submit an application to participate in the Live Well Restaurant Program. This packet is designed to give you an overview of the program; suggest a proactive role in providing healthy food; and offer beneficial environmental change recommendations.

Overview:

Restaurants who have at least **two** menu items that meet the criteria, qualify for the 'Live Well' program and receive these benefits:

- Free advertising opportunities such as TV, news print and social media.
- Free link from the Live Well website to your establishment.
- Free artwork for use in your own advertising.
- Opportunities to be recognized at community and health focused events.
- In-store promotional items including window clings and table tents.
- A plaque and certificate of recognition.

To become a Live Well Restaurant your establishment needs to:

1. Complete the one-page application and partnership agreement included with this letter.
2. Submit at least two (*but as many as you'd like*) detailed recipes of menu items you want to be highlighted as 'Live Well'. **\*\*You must either provide the nutritional analysis or fill out the enclosed recipe cards and the Health Department Live Well staff will analyze them for you. Your recipes will not be shared with anyone.**
3. Be a smoke-free facility.
4. Buy local produce when feasible.

Food:

Entrees (or full meals) **must include one of the following:** fruits and/or vegetables *or* Lean protein, i.e. skinless white meat poultry, fish, tofu, etc. *or* 100% whole grains

AND

Entrees (or full meals) must have  
Less than 751 calories *and*  
Less than 26 grams of fat *and*  
Less than 9 grams of saturated fat *and*  
Less than 1050 milligrams of sodium

Appetizers, side dishes and desserts must have

Less than 251 calories *and*  
Less than 9 grams of fat *and*  
Less than 4 grams of saturated fat *and*  
Less than 251 milligrams of sodium

**\*\*None of the above may be deep fried.**

Environment:

Be a Smoke-Free establishment

Try to meet one of these levels of the Live Well criteria:

Bronze—10% of the menu items

Silver—20% of the menu items

Gold—30% of the menu items

Gold Distinction—50% of the menu items

Display the Live Well plaque, window clings, and table tents showing the Live Well criteria.

Buy local produce when possible.

Please submit the application, partnership agreement, and nutrition analysis or recipe cards via email, fax, or regular mail **by July 21, 2014** to:

Hickory County Health Department  
201 Cedar Street—PO Box 21  
Hermitage, MO 65668

417/745-2400 fax

[nelsos7@lpha.mopublic.org](mailto:nelsos7@lpha.mopublic.org)

# Live Well Restaurant Application

Please provide the following information:



Name of Establishment: \_\_\_\_\_

Type of Food Served (e.g.: Asian, American, Italian, Subs, etc.):  
\_\_\_\_\_

Address: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

## Healthy Restaurant Criteria

Please check the appropriate box with an "X"

1. Do you offer at least 2 menu items that you think meet the Live Well criteria?:
- Contains whole grain, or fruit or vegetable or lean protein.
  - Is not deep fried.
  - Entrees have 751 or less calories, 26 or less grams of fat, 9 or less grams of saturated fat, & 1050 or less mg of sodium.
  - Sides have 251 or less calories, 9 or less grams of fat, 4 or less grams of saturated fat, & 251 or less mg of sodium.

**Yes No**

2. Does your establishment currently have nutrition information available to patrons?

**Yes No**

3. Is your establishment smoke free indoors? **Yes No**

4. Does your establishment offer smaller portion sizes upon request? **Yes No**

5. Can patrons request menu items specially prepared? **Yes No**

6. Does your establishment buy local products when feasible? **Yes No**

Please return your completed application with the partnership agreement to:

Hickory County Health Department  
201 Cedar Street; PO Box 21  
Hermitage, MO 65668



## Live Well Partnership Agreement

Congratulations on choosing to become a Live Well Restaurant! To complete your establishment's enrollment in the program, we are asking for a completed Partnership Agreement. The agreement outlines key provisions of the program and the responsibilities of each party.

I \_\_\_\_\_, representing \_\_\_\_\_ agree to the following  
(manager/owner name) (restaurant name)

Statements:

I understand that the Live Well Restaurant program encourages establishments to take proactive and voluntary measures to promote healthy eating and healthy foods.

As a Live Well Restaurant, I agree to:

- Provide a contact person to work with the Health Department Live Well staff for implementation of the Live Well Restaurant program
- Provide complete nutrition analysis and/or standardized recipes for qualifying menu items to the Health Department Live Well staff
- Work with Health Department Live Well staff members to identify additional menu items that may meet the nutrition criteria
- Notify the Health Department Live Well staff if changes are made to Live Well menu items
- Post Live Well promotional materials in prominent places in my facility
- Allow the Live Well Restaurant program to use the name of my business in their promotion of the program
- Complete an evaluation and provide any relevant data to the Health Department Live Well staff
- Make a patron survey available to customers and return completed surveys to the Health Department Live Well staff
- Reapply for Live Well recognition annually, as long as I feel we have qualifying menu items
- Be smoke-free indoors
- Purchase local produce when feasible

As a Health Department Live Well staff, I agree to:

- ❖ Provide in-store promotional items, including table tents, window clings, and a plaque for display
- ❖ Provide nutrition analysis of menu items submitted to be certified as 'Live Well'
- ❖ Provide suggestions for making menu items meet the program criteria
- ❖ List your restaurant on the Live Well Restaurant website
- ❖ Highlight your restaurant at community events
- ❖ Provide patron surveys to be used at your restaurant
- ❖ Share information collected through Live Well Restaurant program evaluation

Thank you for your commitment to helping your patrons make healthier choices.

\_\_\_\_\_  
(Restaurant Representative Signature/ Date)

\_\_\_\_\_  
(Health Department Live Well Signature/ Date)

