



Public Health
Prevent. Promote. Protect.

Cass County Health Department

Cass County Health Department
300 South Main Street
Harrisonville, MO 64701
Telephone: (816) 380-8425 Fax: (816) 380-8450

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Event Name	Event Address	
Event Date(s)	City	
Hours of Operation	MO	Zip Code

APPLICANT INFORMATION

Name of Temporary Food Establishment/Organization		
Name of Contact Person	Contact Person's Phone #	
Mailing Address	City	
Does the establishment currently have a valid food permit issued by the Cass County Health Department? <input type="checkbox"/> Yes <input type="checkbox"/> No	State	Zip Code

LIST ALL FOOD ITEMS PROPOSED TO BE PREPARED AND SERVED

Any changes to the menu must be submitted & approved by the CCHD at least 7 days prior to the event

FOOD	THAW	CUT / WASH / ASSEMBLE	COOK	REHEATING	HOT HOLDING	COLD HOLDING
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► List additional food items on a separated sheet, if necessary

Indicate Where All of Your Food Products Will Be Purchased

Will all foods be prepared in the Temporary Food Establishment? YES NO

If No, Explain Location

CONSTRUCTION OF TEMPORARY BOOTH

FLOORS:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other (Describe)
WALLS: (3 SIDES)	<input type="checkbox"/> Screening	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other (Describe)
CEILING:	<input type="checkbox"/> Plastic	<input type="checkbox"/> Wood	<input type="checkbox"/> Other (Describe)

HAND WASHING (Describe the methods used for hand washing)

WARE WASHING (Describe the methods used for ware washing)

WATER SOURCE

PUBLIC WATER PRIVATE WELL - LOCATION:

SEWAGE DISPOSAL

HOLDING TANK YES NO OTHER:

INDICATE LOCATION OF DISPOSAL

GARBAGE DISPOSAL

INDICATE LOCATION OF DISPOSAL

OTHER INFORMATION

STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above, without prior permission from the CCHD, may nullify final approval.

Signature

Date

A pre-opening inspection of the establishment with operational equipment in place is required to determine if it complies with the Cass County Health Department requirements for a Temporary Food Establishment Permit.

NON-REFUNDABLE FEE SCHEDULE

- 1-3 Day = \$50.00
- 4-14 Day = \$70.00
- Non-Profit = \$0.00
- Late Fee if submitted less than 14 days prior to the event = **Double the Permit Fee**
- Late Fee if submitted the day of the event = **Triple the Permit Fee**

CREDIT CARD PAYMENT INFORMATION

Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	Card Number
Name on Card	Expiration Date
Signature	Date
	Amount Charged

▶▶ CCHD USE ONLY ◀◀

Permit Fee(s)	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #
Late Fee	Name on Check	
Total Amount	<input type="checkbox"/> Money Order #	
Received By	Date Received	<input type="checkbox"/> Date Mailed

APPROVED **DISAPPROVED**

Signature of EPHS

Date