



**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	<b>MO</b>	Zip Code

**APPLICANT INFORMATION**

Name of Temporary Food Establishment/Organization		
Name of Contact Person	Contact Person's Phone #	
Mailing Address	City	
Email	State	Zip Code

Does the establishment currently have a valid food permit issued by the Cass County Health Department?  Yes  No

**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"/>

► 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**

Non-Profit Organizations must provide proof of Non-Profit Certification, if not received applicant will be charged.

**CREDIT CARD PAYMENT INFORMATION**

Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover A service charge will be added to all Debit/ Credit Card transactions	Card Number
Name on Card	Expiration Date
Signature <span style="float: right;">Date</span>	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 <span style="float: right;">Date Received</span>	<input type="checkbox"/> Date Mailed	

**APPROVED**     **DISAPPROVED**

Signature of EPHS

Date