



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

***All Establishments must be ready for inspection AT LEAST 60 minutes prior to Event start**

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"/>

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

Indicate Where All Your Food Products Will Be Purchased

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

***If No, applicant MUST provide a copy of the latest inspection report from the Permitted Commissary where food will be prepared.**

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
- Multiple Event Permit valid for 6 months (Attach list of events) = \$100.00
- 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

A 4% Service Charge is Added to All Credit Card Transactions

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 with CCV (3-digits)
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