

Cass County Health Department 300 South Main Street Harrisonville, MO 64701

Telephone: (816) 380-8425 Fax: (816) 380-8450

TEMPORARY FOOD ESTABLISHM Event Name					Event Address					
Event Date(s)					City					
*Hours of Operation					MO	Zip Code				
*All Establishments must be ready for inspection <u>AT LEAST 60 minutes prior</u> 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? \square Yes \square 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		
► List additional food				ece	ssary					
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.										
	CC	NSTRU	JCTION OF	ΓΕΝ	IPORAR	Ү ВООТН				
FLOORS:	Conc	rete [Wood Other (Describe)							
WALLS: (3 SIDES)	Scree	ening [Plastic		Other (Describe)					
CEILING:	Plasti	ic [Wood		Other (Describe)					

HAND WASHING (Describe the methods used for hand washing)									
WARE WASHING (Describe	the metho	ods used for wa	are washing)						
the control of the Association of the Control of th	ER SOUR		STATE OF THE PARTY						
□ PUBLIC WATER □ PRIVATE WELL - LOCATION:									
	GE DISPO	DSAL							
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-REFUND	ABLE FE	EE SCHEDULE	3						
□ 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 = <u>Triple the Permit Fee</u>									
*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									
A service charge will be added to all Debit/ Credit Card transaction									
Name on Card		Expiration Date with CCV (3-digits)							
Signature Date		Amount Charged							
▶ ►CCHD	USE ON	LY◀◀							
Permit Fee(s)	□ Cash		□ Check #						
Late Fee	Name or								
Total Amount Received By Date Received		y Order #							
Signature of EPHS Date									