



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)

