



CHRISTIAN COUNTY
HEALTH DEPARTMENT

Show them healthy.

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christiancountyhealth.com

Please Print

**Christian County Health Department
Seasonal Food Permit Application**

Commissary (off-site food storage) _____
 Address _____ City _____
 Phone: _____
 Vending Location _____ City _____
 Org./Business Name _____ Phone _____
 Address _____ City, State, Zip _____
 Onsite Contact Person _____ Onsite Contact Person Cell Phone _____
 Trained Food Handler _____ Class _____ Expiration Date _____
 Mobile Unit _____ Tent _____ Other _____

Dates of Operation

□□/□□/□□□□

to

□□/□□/□□□□

Operation cannot exceed more than 4 months

There is a fee of \$35.00 for a seasonal food permit.

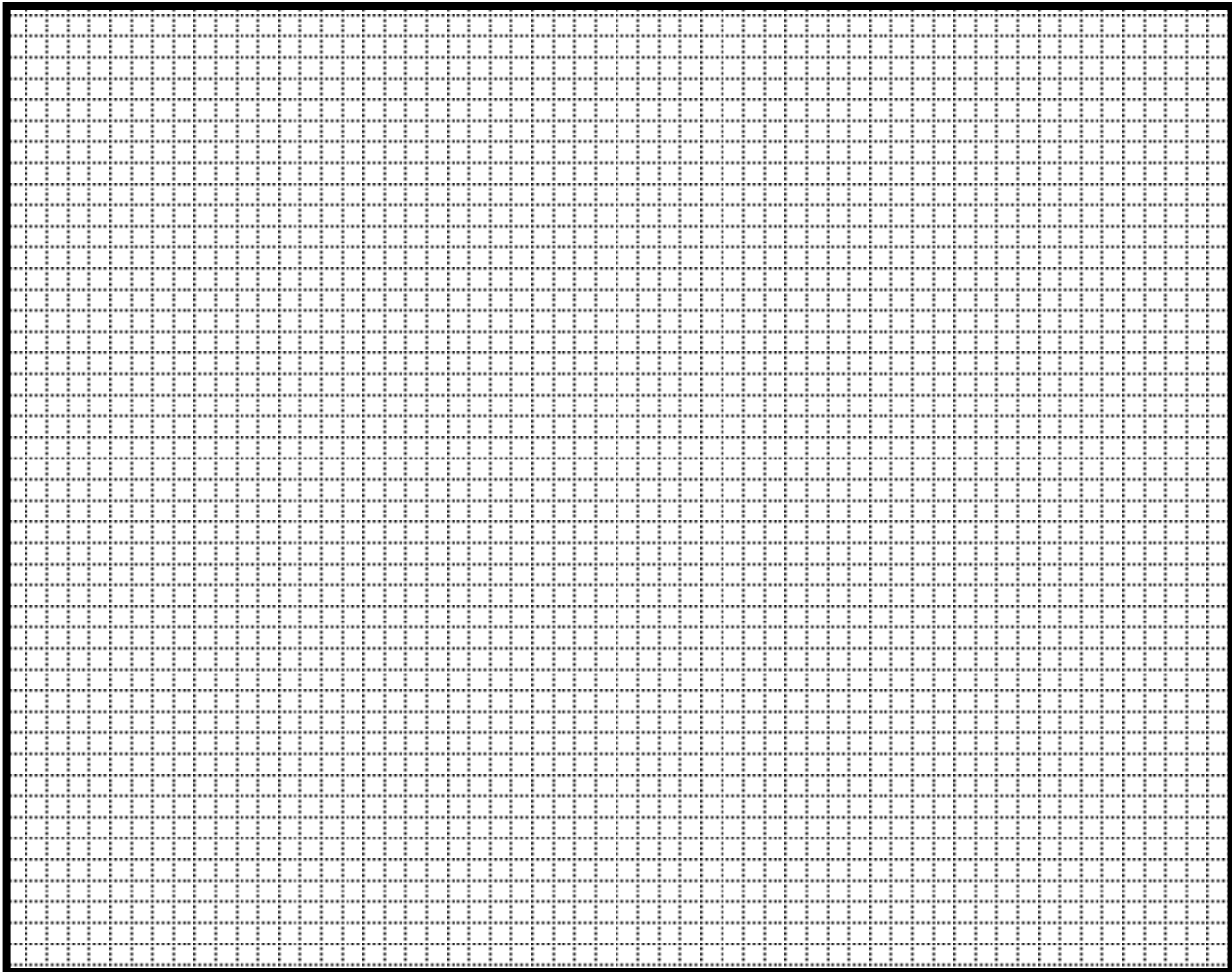
Signature _____ **Date** _____

Food Menu List

Food	Supplier	Location Food Prep Occurs:	Date and Time Food Prep Occurs:

In the space below, please draw a brief sketch of how you plan to set up your vendor booth at the event or how your mobile unit is arranged. Please include the location of all food preparation tables, display/sampling tables, display cases, cold holding units, hot holding units, hand washing station, wash/rinse/sanitize station (if communal, please note approximate distance to station).

Dimensions in feet _____ X _____



Office Use Only	
EPHS Initials _____	Receipt # _____
EPHS Number _____	Check # _____ Cash <input type="checkbox"/>
	Amount _____
	Date _____ Int. _____
Supervisor Approval	Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervisor Initials _____	
Date Permit Issued _____	
Permit Number Issued _____	
Some food meets exemption status of food establishment per current Missouri Food Code. Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Information on exempt status provided to applicant. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Copy of current health inspection if food is not prepared in Christian County.	
<input type="checkbox"/>	