

## Application for Temporary Service/Special Event Permit

\_\_\_\_\_ (Last name, first & middle)

\_\_\_\_\_ (Home Address)

\_\_\_\_\_ (Name of group)

\_\_\_\_\_ (Name of event)

\_\_\_\_\_ (Location of event)

\_\_\_\_\_ (Business phone)

**Date & Time of Event:** \_\_\_\_\_

**Description of Food Service:**

**Menu:**

- Bake Sale
- Concession Stand
- Full Dinner, etc.
- Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Applicant(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Submit to:**

Independence Health Department  
P. O. Box 1019  
Independence, MO 64051-0519  
816-325-7803

**Approved by:**

\_\_\_\_\_ (Public Health Investigator)

\_\_\_\_\_ (Date)

**PERMIT FEE \$50.00**

