



**MOBILE FOOD UNIT PERMIT APPLICATION FORM**

Environmental Public Health Division  
 515 S. Liberty Street  
 P. O. Box 1019  
 Independence, MO 64051-0519  
 Phone: (816) 325-7803 Fax: (816) 325-7074  
 www.independencemo.org/health

This form must be completed for all new and change of ownership facilities and for any changes to facility information. **If the information on this application changes, this department is to be notified. Picture identification is required to process application (i.e. driver's license, passport, etc.)** PLEASE PRINT LEGIBLY.

The following documents must be included with application:  Commissary Agreement  Commissary Current Health Inspection  
 Copy of Business License or receipt

Business Name: (as it will be shown on permit)	Phone: ( ) _____ Fax: ( ) _____
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Commissary Name and Address:	Phone: ( ) _____ Fax: ( ) _____
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**OWNERSHIP INFORMATION**

Ownership Legal Type:  LLC  Corporation  Individual  Partnership  Local Government

Owner's Name:	Phone: ( ) _____ Cell: ( ) _____
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Owner's Address:	City/State: _____ Zip Code: _____	Fax: ( ) _____ Email: _____
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**BILLING INFORMATION**

Bill to Name or <input type="checkbox"/> Same as Owner:	Phone: ( ) _____ Cell: ( ) _____
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Bill to Address:	City/State: _____ Zip Code: _____	Fax: ( ) _____ Email: _____
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**AUTHORIZED AGENT/EMERGENCY CONTACT INFORMATION:**

**Authorized Agent (person affiliated with establishment after opening) for a corporation may sign this document in lieu of owner. No other agent's signature will be accepted.**

Primary Agent's Name and Title:	Date of Birth: _____
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Address:	City/State: _____ Zip Code: _____	Home: ( ) _____ Cell: ( ) _____
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Secondary Agent's Name and Title:	Date of Birth: _____
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Address:	City/State: _____ Zip Code: _____	Home: ( ) _____ Cell: ( ) _____
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The undersigned hereby applies for a permit to operate a Food Service Establishment pursuant to the City of Independence Food Code and hereby certifies that the undersigned has received a copy of the City of Independence Food Code. The undersigned hereby attest to the accuracy of the information provided in this application, and affirms that the undersigned will comply with the City of Independence Food Code and allow the Health Authority access to the establishment. **IT IS UNLAWFUL TO PROVIDE FALSE INFORMATION ON THIS DOCUMENT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Please answer the following questions regarding the establishment to be permitted.

**Potentially Hazardous Foods (PHF)** is: Any food that consists in whole or in part of milk or milk products, whole eggs, meat, poultry, fish, shellfish, edible crustacean, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic micro-organisms. The term does not include clean, whole, uncracked, odor-free shell eggs or foods which have a pH level of 4.6 or below or a water activity (aw) value of 0.85 or less.

1. Will your establishment be open year-round? If not, how many months a year will you be open?	<input type="checkbox"/> Yes <input type="checkbox"/> No # _____
2. Will you be selling only pre-packaged foods, excluding PHFs	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will you be selling pre-packaged foods that include PHFs? If yes, how many registers are in the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No # _____
4. Will you be selling fountain drinks or fresh-brewed beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will you cut, grind, or process meat for retail sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Will you sell soft serve ice cream? If yes, how many machines? If yes, how many heads?	<input type="checkbox"/> Yes <input type="checkbox"/> No # _____ # _____
7. Will you offer off-site catering services? (Does not include delivery only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Will you prepare/manufacture foods for retail sale off-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Will your business have a kitchen(s)? If yes, how many kitchen areas do you have in the establishment? In addition to the kitchens will you have a separate bar area? If yes, how many area?	<input type="checkbox"/> Yes <input type="checkbox"/> No # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No # _____
10. Will your business be selling from mobile stands, vehicles or other mobile devices? If yes, how many devices? Are they equipped with commercial grade equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Please list operational days and hours:	

Please answer the following questions for each stand-alone kitchen at this location.

<input type="checkbox"/> Check here if your establishment does not have a stand-alone kitchen. If checked, remaining questions are not applicable and do not need to be answered.		Kitchen 1	Kitchen 2	Kitchen 3
		Name _____	Name _____	Name _____
(Ignore Parenthetical Values)				
12. Are potentially hazardous food (PHF) items served? Potentially Hazardous Food means any food that consists in whole or in part of milk or milk products, whole eggs, meat, poultry, fish, shellfish, edible crustacean, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic micro-organisms. The term does not include clean, whole, uncracked, odor-free shell eggs or foods which have a pH level of 4.5 or below or a water activity (aw) value of 0.85 or less.		<input type="checkbox"/> Yes (1.5) <input type="checkbox"/> No (0.5)	<input type="checkbox"/> Yes (1.5) <input type="checkbox"/> No (0.5)	<input type="checkbox"/> Yes (1.5) <input type="checkbox"/> No (0.5)
13. Are any PHF prepared in bulk?	(1.5) (0.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are PHF served from a buffet or salad bar?	(1.5) (1.0)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are PHF cooked, held and/or reheated?	(1.5) (0.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are PHF prepared from raw non-frozen ingredients?	(1.5) (1.0)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are PHF prepared and held before service?	(1.5) (0.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are PHF handled extensively using multiple steps in preparation?	(1.5) (0.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. What is the average number of meals or patrons served per day?	(0.5) (1.0) (1.5)	<input type="checkbox"/> 1-150 <input type="checkbox"/> 151-400 <input type="checkbox"/> Over 400	<input type="checkbox"/> 1-150 <input type="checkbox"/> 151-400 <input type="checkbox"/> Over 400	<input type="checkbox"/> 1-150 <input type="checkbox"/> 151-400 <input type="checkbox"/> Over 400
20. Are the majority of meals served to children under 18 or adults over 65? (i.e. daycare, school, senior nutrition site)	(1.5) (0.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FOR OFFICE USE ONLY**

<b>TOTAL POINTS</b>			
Total Points Divided by 9			
> 1.1 = High .9 – 1.1 = Medium < .9 = Low			