

# Application for Temporary Food Permit

## APPLICANT INFORMATION

Application Date: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Booth/Tent # or Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Cell Phone during event: \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

## EVENT INFORMATION

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Hours of Event: \_\_\_\_\_

Event Address: \_\_\_\_\_

Pre-Opening Inspection Time\*: \_\_\_\_\_

**\*NO FOOD SERVICE MAY BE CONDUCTED PRIOR TO INSPECTION**

## MENU INFORMATION

Description of Food Service:

- Sampling
- Concession Stand
- Full Dinner, etc.
- Other \_\_\_\_\_

Menu: \_\_\_\_\_

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

## Commissary Information on Mobile Food Trucks

Commissary Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

PLEASE INCLUDE COPY OF COMMISARY CONTRACT

**PLEASE SUBMIT \$50.00 PERMIT FEE AND ONE OF THE FOLLOWING:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Business License | <input type="checkbox"/> Santa-Cali-Gon<br>Booth Receipt | <input type="checkbox"/> Non-Profit Organization<br>Exemption Letter |
|---|--|--|

## SUBMIT TO:

Community Development/Health Inspection  
111 E Maple St, PO Box 1019  
Independence, MO 64050

Phone: 816-325-7803  
Fax: 816-325-7770