

## Application for Temporary Food Permit

APPLICANT INFORMATION	
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 & Hours of Event:	
Event Venue Location & Address:	
Pre-Opening Inspection Time*:	
*No food service may be conducted prior to inspection.	
MENU INFORMATION	
Description of Food Service:	Menu: _____
<input type="checkbox"/> Sampling	_____
<input type="checkbox"/> Concession Stand	_____
<input type="checkbox"/> Full Dinner, etc.	_____
<input type="checkbox"/> Other _____	_____
<b>Submit to:</b>	
Independence Health Department	<b>Received by:</b> _____
515 S. Liberty	
P. O. Box 1019	<b>Date:</b> _____
Independence, MO 64051-0519	
Phone: 816-325-7803	<b>Form of Payment</b>
Fax: 816-325-7074	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge

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

- Business License     
  Non-Profit Organization     
  Santa-Cali-Gon  
 Exemption Letter