



**Public Health**  
Prevent. Promote. Protect.

Cass County Health Department

**Cass County Health Department**  
**300 South Main Street**  
**Harrisonville, MO 64701**  
**Telephone: (816) 380-8425 Fax: (816) 380-8450**

**SEASONAL FOOD ESTABLISHMENT PERMIT APPLICATION**

Establishment Name	Physical Address	
Months of Operation	City	
Hours of Operation	<b>MO</b>	Zip Code

**APPLICANT INFORMATION**

Name of Seasonal Food Establishment/Organization		
Name of Contact Person	Contact Person's Phone #	
Mailing Address	City	
Email	State	Zip Code

Does the establishment currently have a valid food permit issued by the Cass County Health Department?  Yes  No

**LIST ALL FOOD ITEMS PROPOSED TO BE PREPARED AND SERVED**

Any changes to the menu must be submitted & approved by the CCHD

FOOD	THAW	CUT / WASH / ASSEMBLE	COOK	REHEATING	HOT HOLDING	COLD HOLDING
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► List additional food items on a separated sheet, if necessary

Indicate Where All of Your Food Products Will Be Purchased

**Will all foods be prepared in the Seasonal Food Establishment?**  YES  NO

**If No, Explain Location**

**CONSTRUCTION OF ESTABLISHMENT**

FLOORS:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other (Describe)
WALLS: (3 SIDES)	<input type="checkbox"/> Screening	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other (Describe)
CEILING:	<input type="checkbox"/> Plastic	<input type="checkbox"/> Wood	<input type="checkbox"/> Other (Describe)

**HAND WASHING (Describe the methods used for hand washing)**

**WARE WASHING (Describe the methods used for ware washing)**

**WATER SOURCE**

PUBLIC WATER  PRIVATE WELL - LOCATION:

**SEWAGE DISPOSAL**

HOLDING TANK  YES  NO OTHER:

INDICATE LOCATION OF DISPOSAL

**GARBAGE DISPOSAL**

INDICATE LOCATION OF DISPOSAL

**OTHER INFORMATION**

**STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above, without prior permission from the CCHD, may nullify final approval.**

**Signature**

**Date**

**NON-REFUNDABLE FEE SCHEDULE**

Open Less than 6 months in the year \$100

**CREDIT CARD PAYMENT INFORMATION**

Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <small>A service charge will be added to all Debit/ Credit Card transactions</small>	Card Number
Name on Card	Expiration Date with CCV (3-digits)
Signature	Date
	Amount Charged

**CCHD USE ONLY**

Permit Fee's	Date	Amount Charged	<input type="checkbox"/> Check #
Late Fee	Name on Check		
Total Amount Paid	<input type="checkbox"/> Money Order #		
Received By	Date Received	Date Mailed	

**APPROVED**  **DISAPPROVED**

Signature of EPHS

Date