

Temporary Food Event Coordinator Application Cass County Health Department

1411 S Commercial St. Harrisonville, MO 64701

Phone: 816-380-8425 Fax: 816-380-8450 Email: healthdepartment@casscounty.com

If there will be three or more food vendors at your event, please complete this application and submit ATLEAST FOUR (4) WEEKS prior to the event start date.

1) Name	1) Name of Event:				
2) Location	2) Location of Event:				
3) Date(s) and Time(s) of Event:					
4) Is this an Annual Event?					
5) Name of Coordinators/Responsible Persons					
,	Name	Phone Num	<u>ber</u>	<u>Email</u>	
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6) Indicate name of the On-Site Coordinator and how he/she may be contacted during the entire event:					
7) Anticipated number of food vendors (including sampling):					
8) Name, Operator Name, Phone Number and Email of vendors (attach additional sheets if necessary):					
<u>N</u>	<u>lame</u>	Operator Name	Phone Number	<u>Email</u>	

In addition, ALL Food Vendors must submit a Temporary Food Event Application <u>AT LEAST</u>

<u>FOURTEEN (14) DAYS PRIOR TO THE EVENT</u>. Late fees applicable if application is received late or on the day of the event.