TEMPORARY PERMIT APPLICATION
for Food Service

Facility Name:______________________________________ Phone:________________________

Owner Name:______________________________________________________________________

Mailing Address:______________________________________ City____________________ State_____ Zip_______

Event Name & Location:____________________________________________________________

Event Dates:_______________________________________________________________________

Temporary food stand: Operates at a fixed location for a period of time, less than 14 consecutive days a
year in conjunction with a single event or celebration. Outside cookers must be screened in and provided
with a hand sink with hot & cold running water, soap & paper towels. Potentially hazardous foods must be
kept at temperatures of 45F or below and 140F or above. Appropriate refrigeration and enough
conveniently located hot food storage is required. Religious or charitable non-profit organizations that are
not inspected must post a visible placard in public view that states the food is prepared in a private home
kitchen & is not subject to health inspection.

I certify that to the best of my knowledge the information contained on this form is correct. I assume all
legal liability & assure no health hazards exist when serving food to the public.

Applicant's Signature______________________________________ Date:________________________

Fees:  For Profit $20 Not for Profit $5 (Church’s, Scout Fundraisers, etc.)

Return completed form and fee to: Henry County Health Center
1800 Community Drive
Clinton, MO 64735

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For Office Use Only

Date Received: ______________________ FeePaid:_____ Yes _____ No
Permit issued: _____ Yes _____ No Inspected: _____ Yes _____ No