



St. Clair County Health Center

530 Arduser  
Osceola, Missouri 64776

Phone: (417) 646-8332  
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Nancy Stephan  
CFO / Administrator

## TEMPORARY FOOD PERMIT APPLICATION

Establishment Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Date(s) of Event: \_\_\_\_\_

Date(s)/Time(s) of Operation: \_\_\_\_\_

Menu Items Served: \_\_\_\_\_

Comments: \_\_\_\_\_

Handout(s) Provided:  Guidelines for Temporary Food Events Brochure  Other: \_\_\_\_\_

**\*Please include the \$10.00 permit fee with this application.**

**\*Non-profit organizations must provide a copy of the tax-exemption documentation to waive the permit fee.**

**\*St. Clair County Health Center reserves the right to inspect a temporary food vendor at any time of operation.**

**\*Application must be submitted no later than two weeks before the event in order to receive a temporary permit.**

Signature of Applicant: \_\_\_\_\_

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

### FOR OFFICE USE ONLY

Permit Issued:  Yes  No Fee Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Expired: \_\_\_\_\_

Signature of Sanitarian: \_\_\_\_\_ Date: \_\_\_\_\_

Patricia Cleveland, Chairperson \* Mary Cook, Vice Chairman \* Joe Tucker, Secretary/Treasurer \* Bill Creek, Trustee \*  
\* Roger Motley, Trustee

Equal Opportunity Employer