

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



**JACKSON COUNTY, MISSOURI  
CATERING OPERATION PERMIT APPLICATION**  
*Fee - \$395*

**YOUR CONTACT INFORMATION**

Name of Catering Operation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Hours: \_\_\_\_\_ Email Address: \_\_\_\_\_

Days Catered: \_\_\_\_\_ Estimated number of catering events per year: \_\_\_\_\_

**OWNER INFORMATION**

Name of Owner(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mail correspondence to:  Catering Operation Address  Owner Address

**APPLICATION INFORMATION**

Application Name: \_\_\_\_\_  New Permit

Date of Application: \_\_\_\_\_  Permit Renewal

**PERMITTED FACILITY INFORMATION**

Name of Permitted Facility: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Hours: \_\_\_\_\_ Email Address: \_\_\_\_\_

Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

**FOOD TRANSPORTATION METHOD**

Hot Holding       Cold Holding      Method/Equipment: \_\_\_\_\_

Describe: \_\_\_\_\_

**ADDITIONAL INFORMATION**

You must submit the following documents along with this application:

- A copy of the current food service permit and a copy of the last health inspection for the permitted restaurant-type location, *if outside of Jackson County Environmental Health jurisdiction* (jurisdiction: all cities in Jackson County except for Kansas City and Independence).
- A copy of the menu items to be catered.
- A Business Personal Property Account number for the permitted restaurant-type location BPP Account # \_\_\_\_\_ .



Catering permits will be issued to those establishments who have demonstrated proper food safety knowledge relating to food preparation and transportation techniques. The Health Officer reserves the right to deny or revoke Catering permits to those establishments that have not demonstrated the ability to safely operate food operations off-site. **Completing this application does not guarantee you permission to operate. You must receive approval from Jackson County Environmental Health prior to starting your catering operation.**

**Catering Operation Permit Fee: \$395**

***Make check payable to JACKSON COUNTY and send with all required documents to:***

JACKSON COUNTY ENVIRONMENTAL HEALTH	
<u>Physical Address</u>	<u>Mailing Address</u>
34900 E. Old US 40 Hwy.	P.O. Box 160
Oak Grove, MO 64075	Grain Valley, MO 64029-0160

Phone: (816) 847-7073 ● Fax: (816) 881-1650

Signature: \_\_\_\_\_ Title \_\_\_\_\_

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

Amount Submitted: \_\_\_\_\_