

Date: _____



**JACKSON COUNTY, MISSOURI
CATERING OPERATION PERMIT APPLICATION
Fee - \$385**

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: \$385

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: _____