



**JOHNSON COUNTY COMMUNITY HEALTH SERVICE**

*Home Health • Public Health • WIC*

*"Improving Your Quality of Life"*

723 PCA Rd,  
Warrensburg, MO 64093  
660-747-6121 Fax 660-747-1294  
www.johnsoncountyhealth.org

**Temporary Event Food Permit Application** (One time event lasting no more than 14 consecutive days)

- Non-profit organizations do not require a permit and are not regulated by the Johnson County Code of Health Regulations. Non-profits do have to comply with the Missouri Food Code.
- **Return completed application and with fee at least 10 business days prior to planned event.**
- Mobile food trucks, concession trailers/ stands operating at multiple events within Johnson County within one year should utilize the Food Establishment Permit Application.
- Complete this Application; attach a copy of the Food Safety Training Certificate of the person in charge.
- Can return by email to [tiffany.klassen@lpha.mo.gov](mailto:tiffany.klassen@lpha.mo.gov)

Please Note: Filling out this application does NOT guarantee you permission to operate. All permit fees are non-refundable.

Date: \_\_\_\_\_  New Permit  Renewal **Temporary Permit Fee Is \$25 or \$50** (events lasting more than 14 consecutive days)  
Checks: payable to Johnson County

**Applicant Name:** \_\_\_\_\_ **Business/Organization Name** \_\_\_\_\_  
(Applicant must be the owner or an officer of the Club/ Organization.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Event Name \_\_\_\_\_ Location/ Address \_\_\_\_\_

Contact Cell # During event \_\_\_\_\_ **Start Date / Time** \_\_\_\_\_ **End Date /Time:** \_\_\_\_\_

**Person-In-Charge/ Food Safety Trained Individual**

Name of Person-In-Charge: \_\_\_\_\_

Name of Food Safety Course: \_\_\_\_\_ Date Completed: \_\_\_\_\_

What foods do you plan to serve that require Time / Temperature control for safety? Attach additional sheets if needed.

Food	Obtained from	Food	Obtained from

I certify that the information supplied in this application is complete and true to the best of my knowledge and I understand that any misstatement or omission of fact will render this application and any permit issued invalid. I am familiar with the contents of the Johnson County Code of Health Regulations Food Ordinance and understand that my food service permit may be suspended or revoked by JCCHS for failure to comply with the provisions of the ordinance. I understand that food establishment permit may not be transferred from one person to another person, from one location to another location. I am aware that food permit approval is based on completion of this permit application, meeting food safety training certification requirements and compliance with MO Food Code as determined by JCCHS.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_