

WRIGHT COUNTY HEALTH DEPARTMENT
P.O. Box 97 300 South Main Suite C, Hartville, Missouri 65667 (417) 741-7791

APPLICATION FOR PERMIT

TEMPORARY FOOD ESTABLISHMENT

Application is hereby made for a permit to operate a food establishment. By this application it is agreed that the food establishment will comply with the provisions of the **2001 Food Establishment Sanitation Ordinance** as adopted by Wright County Missouri. It is further agreed that said establishment shall be open to inspection by authorized agents of the Wright County Health Department and/or Missouri Department of Health.

PLEASE TYPE OR PRINT IN INK

Name of Establishment: _____

Owner Name: _____ Telephone: _____

Mailing address: _____

Email Address: _____

Would you like your permit emailed: Yes___ No___

Type of Establishment (i.e. full menu, limited menu, prepackaged foods) _____

PLEASE LIST FOOD ITEMS TO BE SERVED OR ATTACH A COPY OF PROPOSED MENU:

Days and Hours of operation: _____

Location of Event/Service: _____

Emergency Contact Information: _____

Name of Applicant: _____

Signature of Applicant: _____

FOR OFFICIAL WRIGHT COUNTY HEALTH DEPARTMENT USE ONLY

Permit Number: _____ Date Issued: _____ Date Expires: _____

Issued By: _____ EPHS # _____