



Barry County Health Department
65 Main, PO Box 207
Cassville, MO 65625
417-847-2114 FAX 417-847-2116
www.barrycountyhealth.org

**PERMIT APPLICATION
FOR FOOD SERVICE ESTABLISHMENTS**

Date _____

Applicant Complete This Section **PLEASE PRINT**

Establishment
Name _____ Phone _____ Fax # _____

Mailing
Address _____ City/State _____ Zip _____

Location (Physical Address) _____

Email Address _____

Owner
Name _____ Phone _____

Mailing
Address _____ City/State _____ Zip _____

Email Address _____

Date Opened For Business _____ Days of Operation: S M T W T F S Hours open _____
(Circle Days Open)

Months of operation 1 2 3 4 5 6 7 8 9 10 11 12
(Circle Months Open)

Number of Full-Time Employees _____ Number of Part-Time Employees _____

Average Number of meals or patrons served per day: _____ 1-150 _____ 151-400 _____

Type of establishment: please mark all that apply.
____ Restaurant ____ Tavern ____ Grocery ____ Convenience Store ____ Warehouse ____
Temporary Food Stand ____ Food Processor ____ Other (Explain) _____

I certify that the information contained on this form is correct.

Applicant's
Signature _____ Date _____

OVER

Public health makes life better

An Equal Opportunity/Affirmative Action Employer: Services provided on a nondiscriminatory basis.

Return completed form and fee of \$_____ for an annual permit or \$20.00 for a Temporary foods stand for a permit valid for up to 3 consecutive days to:

**Barry County Health Department
P.O. Box 207
Cassville, MO 65625**

FOR OFFICE USE ONLY

Date Received _____ *Money Received* _____

Date/Initials _____

Routine Inspection ____yes ____no ____

Permit issued ____yes ____no

Plans approved ____yes ____no

No tax due received ____yes ____no

Comments _____