



## Springfield-Greene County Health Department Mobile Food Service Unit Renewal Form

**Permit Fee**

Amount Paid \_\_\_\_\_ Cash  Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

**Directions:** This form is for operators of a Mobile Food Service Unit who holds a valid *Springfield-Greene County Mobile Food Service Permit*. This renewal form must be completed and submitted to the Springfield-Greene County Health Department at least **10 days** before current permit expires.

Submission Date: _____	Owner/Operator (applicant):
Name of Mobile Unit: _____	Name: _____
_____	Address: _____
Location of Unit: _____	_____
_____	_____
Fax: _____	Phone #: _____
	Cell#: _____

1. Will the **food items** you plan to serve remain the same as were listed on your original application? (Are you planning on preparing or serving the same items)?  

Yes     No
  
2. Will your **physical set-up** remain the same as was approved on your original application?  

Yes     No
  
3. Will your **procedure for cooking, hot holding or handling** remain the same as was approved on your original application?  Yes     No

***If you have answered "NO" to any of the above questions, please fill out a new application. If all responses are "YES", it will not be necessary for you to fill out another application.***

This form will be reviewed by the Springfield-Greene County Health Department and does **NOT** indicate compliance with any other code, law or regulation.

SIGNATURE(s) of APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**Mail to:**  
**Springfield-Greene County Health Department**  
**320 E. Central Ave.**  
**Springfield, MO 65802**

**Or fax to:** (417) 864-1104  
**For questions please call:** (417) 864-1017