



**Springfield-Greene County Health Department Application to
Operate a booth or stand at a Temporary Food Event**

Directions: The operator of each booth or stand at Temporary Events must complete this application and submit it to the Springfield-Greene County Health Department at least 7 working days before the event.

***If application is not received by this office seven working days prior to the event, participation in the event will be denied. ***

Permit fees may apply, for current fee schedule please call (417)864-1017 or visit our website <http://health.springfieldmo.gov/>

Name of Booth or Stand: _____

Event Name: _____

Date(s) of Event: _____

Location of Event: _____

Name and Mailing Address of Owner: _____

Person in charge of the Booth or Stand at the Event: _____

Mobile Phone number of Person in charge of Booth or Stand: _____

Time that you will be ready for your inspection on the day of the event? _____

1.) List all food and beverage items to be prepared and/or served. Attach a separate sheet if necessary: _____



10.) Plan for fly and insect control:

Screened in tent Air Curtains (fans)
Approved fly spray (Pyrethrin)

11.) Will you need electricity for this event? Yes No

If yes, please identify your source of electricity:

Public Outlet Private Outlet (with expressed permission)
Generator

What is your contingency plan for an alternative source of electricity in the event there are complications with your power source? _____

12.) Will leftovers be saved for future use at this event? Yes No

If yes, how will leftovers be cooled and reheated? _____

13.) The following requirements must be met at the time of inspection:

- a. Hand washing station with running water, soap, paper towels, and catch bucket must be provided in the immediate are of food preparation.
- b. Temporary wash, rinse, sanitize station must be provided or additional sets of utensils must be available to change out every 4 hours.
- c. Sanitizer bucket for wipe cloths must be provided with sanitizer and test strips to ensure proper sanitizer concentration.



**STATEMENT OF VERIFICATION
Application to Operate a Temporary Food Establishment**

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from information provided on this application without prior permission from the Springfield/Greene County Health Department may nullify final approval.

Name & Date (s) of Event: _____

Name of Booth or Stand: _____

SIGNATURE (s) of APPLICANT:

_____ **DATE:** _____

Approval of these plans and specification by the Springfield/Greene County Health Department does **NOT** indicate compliance with any other code, law or regulation. Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine compliance with applicable regulations.

Please mail application with permit fee to:

**Springfield/Greene County Health Department
227 E. Chestnut Expressway
Springfield, MO 65802
Attn: Business Office**

**For questions, please call: (417)864-1017 or visit our
website <http://health.springfieldmo.gov/>**

For Office Use Only

Permit Fee				
Amount Paid _____	Cash	Check # _____	Receipt # _____	Fee Exempt
Date Received _____				