



LAWRENCE COUNTY HEALTH DEPARTMENT

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT

Establishment Name:

Mailing Address: _____ Phone: _____

City & State: _____ Zip Code: _____

Temporary Location & Event:

EVENT: _____

City & State: _____

Owner/Organization: _____

Date opened for business at this location: _____

Type of Unit/Concession: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINTED NAME OF APPLICANT: _____

Please return completed form and fee of \$15.00 to:

**Environmental Services Section
Lawrence County Health Department
105 W. North Street
Mt. Vernon, MO 65712
Phone: (417) 466-2201 ~ Fax: (417) 466-7485**

DATE RECEIVED: _____

BY: _____

(HEALTH OFFICIAL)

FEE RECEIVED: _____

PERMIT ISSUED: YES NO