



**APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT**

**Establishment:**

Owner/Organization: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Unit/Concession: \_\_\_\_\_

**Temporary Location/Event:**

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

City & State: \_\_\_\_\_

**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:** \_\_\_\_\_

**FEE RECEIVED:** \_\_\_\_\_

**(HEALTH OFFICIAL)**

**PERMIT ISSUED: YES  NO**