



**Public Health**  
Prevent. Promote. Protect.

Stone County Health Department  
Making Lives Better

# Stone County Health Department

North Location: 109 East 4<sup>th</sup> Street, Galena, MO 65656 Phone: 417.357.6134 Fax: 417.357.6031

South Location: 16914 State Hwy. 13, Branson West, MO 65737 Phone: 417.272.0050 Fax: 417.272.9058

[www.stonecountyhealthdepartment.com](http://www.stonecountyhealthdepartment.com)

## 2018 TEMPORARYFOOD SERVICE PERMIT APPLICATION

Establishment Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Location (Physical Address) \_\_\_\_\_

Owner Name \_\_\_\_\_

Contact Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

(Circle Days Open) (Time)

Date opened for business: \_\_\_\_\_ Hours of operation: S M T W T F S \_\_\_\_\_

I certify that to the best of my knowledge, the information contained on this form is correct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed application along with the fee of \$15.00 (per event) to the following

**Stone County Health Department**  
**109 E 4<sup>th</sup> Street**  
**Galena, MO. 65656**  
**417/357-8200**

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For Office Use Only

Date Received: \_\_\_\_\_

Money Received: \_\_\_\_\_

Approved/Initials: \_\_\_\_\_

Permit # \_\_\_\_\_

Comments:  
\_\_\_\_\_