



# 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

## **2017 PERMIT APPLICATION**

### TEMPORARY FOOD SERVICE ESTABLISHMENTS

**(Applicant Complete This Section)**

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

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

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

Sponsor Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX# \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Event \_\_\_\_\_ Hours of Event \_\_\_\_\_

Number of full-time employees: \_\_\_\_\_ Number of part-time employees: \_\_\_\_\_

Average number of meals or patrons served: \_\_\_ 1-150 \_\_\_ 151-400 \_\_\_ over 400

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

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

Return completed application with permit fee. (Fee determined after assessment by Stone County Environmental Representative.)

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

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**For Office Use Only**

**\$15.00 Application Fee**

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

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

**Priority Rating** \_\_\_\_\_

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