



KCMO HEALTH DEPARTMENT  
ENVIRONMENTAL PUBLIC HEALTH PROGRAM  
2400 TROOST AVE, SUITE 3000  
KANSAS CITY, MO 64108  
Phone: (816) 513-6315 Fax: (816) 513-6290



Public Health

## PUSHCART FOOD PERMIT APPLICATION

### Instructions:

- Return completed application at least 30 days prior to planned opening date.  
If an individual other than the owner completes the form, a letter from the owner delegating this responsibility must be provided.
- All fees are due at the pre-opening inspection with a CHECK or MONEY ORDER made payable to the City Treasurer. No cash will be accepted.
- Pre-opening inspection does not guarantee a permit will be issued.

OFFICE USE ONLY	
Permit #:	Issue Date:
Rec'd by:	Date:
Assigned to:	District:
Amount:	Check#:

**PROCESSING FEE MUST BE SUBMITTED WITH THE APPLICATION AND IS NON REFUNDABLE**

**PLEASE NOTE:** Filling out this application does NOT guarantee you permission to operate. You MUST contact the Kansas City Health Department and speak with a Food Inspector in order to complete this application process.

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

**UNIT/VENDOR NAME:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_

**Federal Tax ID #:** \_\_\_\_\_ **UNIT LICENSE PLATE NUMBER (If applicable):** \_\_\_\_\_  
**Ownership Type (Check one):** Individual  Association  Corporation  Partnership  LLC

**OWNER ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**OWNER PHONE:** ( ) \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**COMMISSARY ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**COMMISSARY PHONE:** ( ) \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**COMMISSARY HOURS OF OPERATION:** \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**WHICH ADDRESS WILL KCMO HEALTH DEPARTMENT MAIL CORRESPONDENCE:** \_\_\_\_\_

Commissary  Owner/Alternate

**PERSON-IN-CHARGE: (please print)** \_\_\_\_\_

Has the person-in-charge completed a food safety course?  yes  no Type of food safety class: \_\_\_\_\_

(The person-in-charge is directly responsible for the food establishment and he/she or an appointed designee must be present at all times during operation of the food establishment.)

### FOOD TO BE SERVED:

Please check one or more of the boxes to indicate your cuisine type:

Hotdogs  Pretzels/Baked Goods  
 Snow Cones  Coffee/Espresso  
 Polish Sausage  Other: \_\_\_\_\_

Pre-packaged items from commissary, please list: \_\_\_\_\_

**Do you prepare or serve potentially hazardous foods using any of the following methods? (Please check all that apply)**

thaw frozen product  hot or cold holding  reheating for hot holding  cook to order  cook for hot holding  
 prepare quantities in advance  serve/sell only pre-packaged potentially hazardous foods

\*\*\*The following items must be approved prior to the issuance of a permit:

<u>Item/Question</u>	<u>Yes</u>	<u>No</u>	<u>Office Use Only</u>
<b>1. Water Source and Plumbing</b>			
a. Does the water source and system have sufficient capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a quick disconnect coupler provided for both waste water and potable water systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all connections to the waste disposal facilities different in size or type than those used for supplying potable water to the pushcart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the waste connection located lower than the potable water faucet connection to preclude contamination of the potable water system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is the potable water tank permanently installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is the potable water tank able to store a minimum of 5 gallons? Size of water supply tank_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is the wastewater tank permanently installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is the wastewater tank able to store a minimum of 15% more fluid than provided from the potable water tank? Size of waste water tank_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Does the wastewater tank contain at least one drain fitting with a minimum ratio of a ½ inch (12.7mm) in diameter per foot in width located at the lowest point in the tank to allow for drainage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Is water tank enclosed from the filling inlet to discharge outlet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Does the bottom of the waste tank slope at least ½ inch (12.7mm) per foot to the drain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Do the tanks have at least one fill connection located on the top or at a higher point?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Is the unit maintained in good repair*. (With No Leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Is unit maintained in such manner that prevent the spilling or splattering of grease, water, food, or trash on any public right-of-way where the unit will be serving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Hand washing sink.</b>			
a. Is a hand-washing sink with a minimum size of 9" x 9" x 5" deep provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is (are) 12" high water proof splashguard(s) provided between the hand-washing sink and food prep area(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does hand-washing sink have a mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does hand-washing sink provide hot and cold running water under mechanical pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Does the unit have a water heating system that provides a continuous supply of hot water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Does the hand-washing sink provide hot water at a temperature of at least (100°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is hand-washing sink located on the same side of the cart as food preparation area and accessible to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is hand-washing sink supplied with soap and paper towels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is a hand-washing sign posted at hand-washing sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Overhead protection.</b>			
a. Is overhead protection provided and maintained in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does overhead protection cover all cart surfaces? The entire cart must be covered by a single overhead protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Waste Receptacles</b>			
a. Is a receptacle or waste container provided and attached to unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the waste receptacle or waste container have a tight fitting lid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Unit Maintenance</b>			
a. Is unit free of litter and unnecessary items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is unit in good repair (no damage)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Toxic materials</b>			
a. Is storage location away from food and food related items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are toxic materials properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Cooling units</b>			
a. Does cold holding unit hold potentially hazardous food at 41°F or below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are coolers equipped with draining plugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are coolers attached to unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d.	Are ice packs, dry ice, or other approved methods being used for cold holding of potentially hazardous and/or ready to eat food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Is ice used for consumption separated from ice used for cooling of canned or bottled beverages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b>	<b>Hot holding units</b>			
a.	Do hot holding units hold foods at 135°F or above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Are hot holding units powered by electricity or fueled by propane?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.</b>	<b>Thermometers</b>			
a.	Are temperature measuring devices provided at all hot and cold holding units?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is a metal stem thermometer provided for operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Does the thermometer scale read from 0-220°F in 2-degree increments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.</b>	<b>Equipment</b>			
a.	Is all equipment attached to the unit and properly sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is equipment properly spaced for easy cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Is a sanitizing test kit provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Is a fire extinguisher provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13.</b>	<b>Food-contact surfaces</b>			
a.	Are all food-contact surfaces in good condition, properly constructed, non-absorbent, smooth and easily cleanable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Are all food-contact surfaces washed and sanitized to sight and touch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Are all food-contact surfaces constructed from an approved material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14.</b>	<b>Nonfood-contact surfaces</b>			
a.	Are all nonfood-contact surfaces in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Are all nonfood-contact surfaces smooth, corrosion resistant, non-toxic, stable, and non-absorbent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Are all nonfood-contact surfaces clean to sight and touch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Are all nonfood-contact surfaces constructed from an approved material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15.</b>	<b>Demonstration of knowledge</b>			
a.	Does the person in charge have a certification in food handling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Does person operating the unit have a certification in food handling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Does person operating the unit know how to use the sanitizer test strips?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Can the person operating the unit identify the nearest restroom to the operating location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16.</b>	<b>Commissary</b>			
a.	Does operator have a signed commissary usage agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is the commissary's permit current and in good status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Will unit be reporting to commissary on a daily basis? (At least once per day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Is the commissary accessible to the operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17.</b>	<b>Documents stored on cart</b>			
a.	Is proof of current commissary agreement stored on the cart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is the current commissary visit log stored on the cart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Is a copy of the menu approved by the KCMO Health Department stored on the cart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Are the current vending route sheets stored on the cart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18.</b>	<b>Signage</b>			
a.	Is business name and pushcart number plainly indicated on the exterior of the pushcart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Are the letters at least three inches high with a minimum width of 3/8 of an inch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Do signs posted on the pushcart promote a professional appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19.</b>	<b>Personal Attire</b>			
d.	Are aprons provided for pushcart employees? (Must be on cart at time of pre-opening inspection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Are hair restraints provided for the pushcart employees? (Must be on cart at time of pre-opening inspection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In addition to this application, the following must be submitted prior to scheduling the pre-opening inspection:**

- Copy of Permit Holder's photo ID
- Approval agreement (includes written procedures for use) from a commissary owner.
- Processing fee in the form of check or money order
- Copy of Federal Tax ID# letter
- A commissary is limited to the Kansas City Metropolitan area.
- Copy of commissary health permit. (If commissary located outside KCMO)
- Copy of commissary last inspection. (If commissary located outside KCMO)
- Copy of typed Menu.

Questions/Comments:

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List of locations where unit may serve:

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*It is advisable to purchase a copy of the Kansas City, MO Food Code Book to ensure compliance with our regulations. The cost is \$15 and payable by check or money order to the "City Treasurer". The Kansas City, MO Food Code Book may also be viewed on our website at [www.kcmo.org/health](http://www.kcmo.org/health).*

**Fee Due (this section to be completed by inspector):**

Processing fee for all units and change of ownerships	\$
Select type of operation ( check only one)	
<input type="checkbox"/> PUSHCART	(enter appropriate fee)
<input type="checkbox"/> ICE CREAM CART	(enter appropriate fee)
<b>Total fees due:</b> <input type="text"/>	

**I CERTIFY THAT THE INFORMATION SUPPLIED IN THIS APPLICATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF FACT WILL RENDER THIS APPLICATION AND ANY PERMIT ISSUED BASED ON FALSE INFORMATION INVALID.**

**I WILL COMPLY WITH THE REQUIREMENTS OF THE KCMO FOOD CODE AND UNDERSTAND THAT, IF APPROVED, MY FOOD ESTABLISHMENT PERMIT MAY BE SUSPENDED OR REVOKED FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THE ABOVE ORDINANCE (SEC 30-71 1999 FOOD CODE ADOPTED).**

**IF APPROVED, I UNDERSTAND THAT FOOD ESTABLISHMENT PERMITS MAY NOT BE TRANSFERRED FROM ONE PERSON TO ANOTHER PERSON, FROM ONE LOCATION TO ANOTHER, OR FROM ONE TYPE OF OPERATION TO ANOTHER.**

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

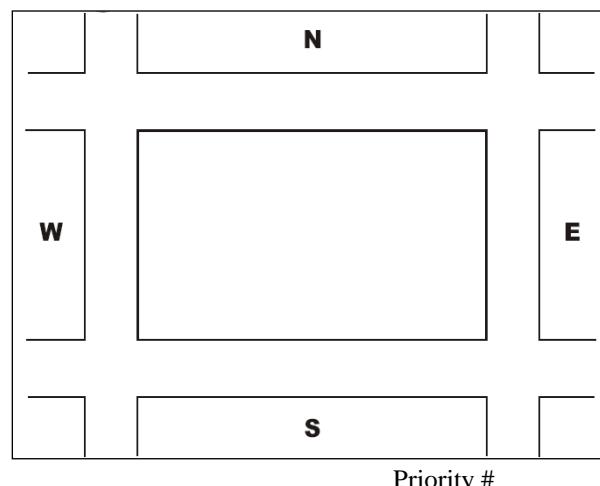
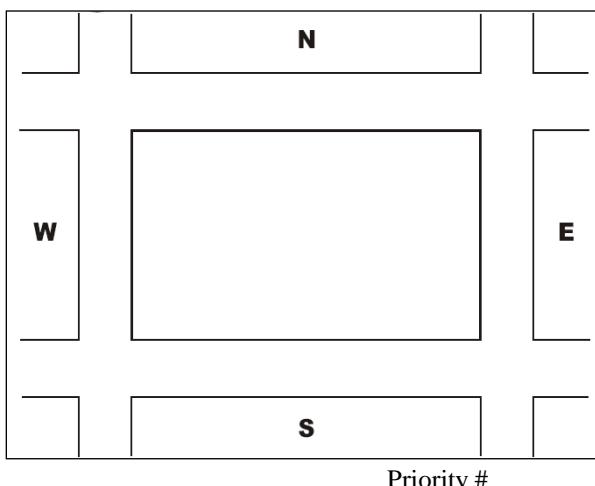
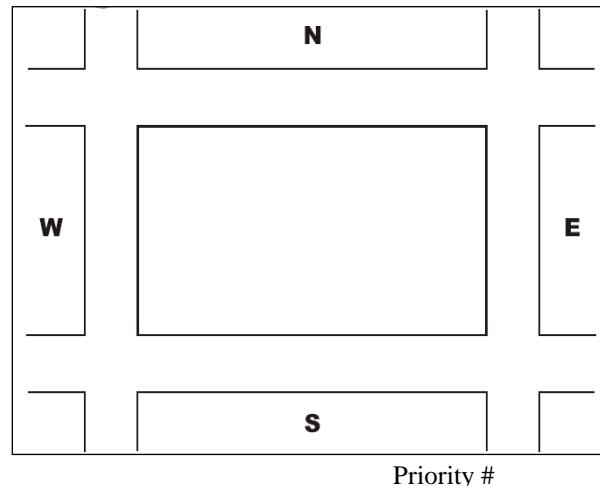
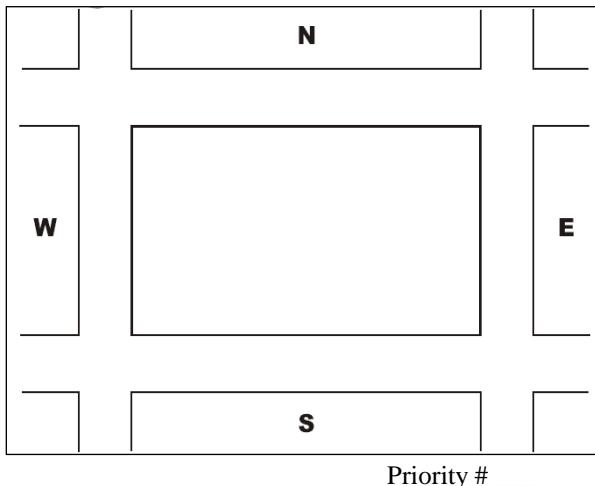
**FOOD INSPECTOR (Print):** \_\_\_\_\_ **APPROVAL DATE:** \_\_\_\_\_

**PAYMENTS:** **Permit Fees are collected at time of pre-opening inspection upon approval and are accepted in the form of money order or check! NO CASH ACCEPTED!**  
**Make checks payable to: CITY TREASURER.**

## Location Map For Food Vending

Please follow instructions:

1. Draw square in center block above to show pushcart location and the corner desired.
2. Label streets on all four sides of the block.
3. Show traffic flow direction.
4. Label each drawing with the priority number.
5. 5' minimum distance between cart and the closest fire hydrants.
6. 5' minimum distance between cart and the closest crosswalks
7. Draw square to show the building that the cart will be in front of or closest to, and list that address.



\*\*NO CHANGES MAYBE MADE WITHOUT PRIOR HEALTH DEPARTMENT APPROVAL.

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

Date \_\_\_\_\_

Operator Name \_\_\_\_\_

Operator Signature \_\_\_\_\_

Approved By \_\_\_\_\_