



KANSAS CITY  
MISSOURI

**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**

## **Outdoor Smoker, Grill, or BBQ Unit Permit Application**

**Instructions:**

- To operate an Outdoor Smoker, Grill, or BBQ Unit the establishment is required to have a valid restaurant food permit from the Kansas City Health Department.
- Food cannot be sold directly from the unit and must be sold inside the permitted facility.
- Please attach a copy of the current Food Permit and a copy of the Menu.
- If a separate individual or company utilizes a permitted facility for its business, that individual or company must also apply for its own Restaurant/Deli permit (see attached Food Permit Application).
- If anyone other than the owner completes this form, a letter from the owner must be provided delegating this responsibility.

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

Date: \_\_\_\_\_ Type of Operation:  Outdoor Smoker  Outdoor Grill  Outdoor BBQ Unit

### **Outdoor Smoker, Grill, or BBQ Unit Information**

Applicant Name: \_\_\_\_\_

Site Contact (Person-in-Charge): \_\_\_\_\_

Days of Operation (check):  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Hours of Operation: From \_\_\_\_\_ to \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

### **Permitted Establishment Information**

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

Establishment Permit #: \_\_\_\_\_

Permit Holder/Business Owner: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Kansas City, MO Zip Code: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_ Fax: (      ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION SUPPLIED IN THIS FORM 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 INVALID.

I AM FAMILIAR WITH THE CONTENDS OF THE KANSAS CITY, MISSOURI FOOD CODE AND UNDERSTAND THAT MY FOOD SERVICE PERMIT MAY BE SUSPENDED OR REVOKED BY THE HEALTH DEPARTMENT FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THE ORDINANCE (SEC 30-71 FOOD CODE ADOPTED).

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

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

**SIGNATURE OF FOOD INSPECTOR:** \_\_\_\_\_ **APPROVAL DATE:** \_\_\_\_\_