



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**

## **SEASONAL RETAIL VENDOR PERMIT APPLICATION**

### **Instructions:**

- Seasonal Vendor Permits are issued to those operations that serve only NON-POTENTIALLY HAZARDOUS FOODS or PREPACKAGED POTENTIALLY HAZARDOUS FOOD offered for **retail sale** that is properly labeled and kept in mechanical refrigeration equipment capable of maintaining the product at 41° Fahrenheit or below. Seasonal permits expire six months from the date of issuance and will NOT be renewed on a consecutive basis.
- As defined by the Kansas City Food Code, "Packaged" means bottled, canned, cartoned, securely bagged, or securely wrapped, whether packaged in a food establishment or a food processing plant. "Packaged" does not include a wrapper, carry-out box, or other nondurable container used to containerize food with the purpose of facilitating food protection during service and receipt of the food by the consumer.

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

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.
- The City of Kansas City prohibits smoking in enclosed places of employment and all enclosed public places; KCMO Ordinance No. [R-2008-00067].

**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.**

Vendor/Establishment Name:		
Mailing Address:		
City:	State:	Zip:
Owner Phone Number:		Alternate Telephone Contact Number:
Six Month Period of Operation  dd/mo/year      To      dd/mo/year		Do you plan to obtain a seasonal permit next year? Circle one YES      NO  <b>(Seasonal permits cannot be renewed until six months after they expire)</b>
Sales Location of Vendor : (be exact and include map if available)		
<b>SEASONAL VENDOR PERMITS ARE ISSUED FOR ONE LOCATION ONLY</b>		

Please answer each question on this application completely. The purpose of these questions is to minimize the risk of foodborne illness. By answering these questions and following health department guidelines, you can help ensure the safety of the foods sold, and in turn, protect the health of your patrons.

1. List **all** food items to be sold and the type of packaging used on each product. Attach a separate sheet if necessary.

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2. Describe how the food will be transported to the sales site. Please be as specific as possible.

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3. What type of refrigeration equipment will be used? In addition, please list the type of power supplied to your refrigeration equipment. If your refrigeration requires an electrical source, you must provide documentation stating your sales location has electricity available for your use.

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4. How will food temperatures be monitored during sales?

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5. Describe the floors, walls, ceiling surfaces, and lighting for your seasonal operation.

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6. Who will be the Person-in-Charge of your operation during sales? The Person-in-Charge must be present during set-up and operation. He/She must be able to demonstrate food safety knowledge as it applies to your operation.

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7. Has the Person-in-Charge completed a food safety course: YES  NO

Type of course:

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8. Please add any additional information about your operation that should be considered.

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-Will you be packaging food in an establishment outside Kansas City, MO? YES  NO   
If YES, you must attach a copy of your current health permit or USDA inspection.

## **SEASONAL RETAIL FOOD PERMIT AGREEMENT STATEMENT**

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 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.

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

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

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

**FEE SCHEDULE:**

**Check or money order, payable to "City Treasurer" must be paid at time of application  
and is non-refundable.**