



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

Catering Food Service Permit Application

Instructions:

- If an individual other than the owner completes the form, a letter from the owner delegating this responsibility must be provided.
- All fees must be submitted with the application in a form of a CHECK or MONEY ORDER made payable to the City Treasurer. No cash will be accepted.
- Catering Permit: issued to a permitted restaurant type establishment who can apply for a catering license issued by the Health Department to conduct food service activities outside of their permitted establishments. Catering Permits will be issued to those establishments who have demonstrated proper food safety knowledge relating to the food preparation and transportation techniques. The Health Department reserves the right to deny or revoke Catering Permits to those establishments that have not demonstrated the ability to safely operate food operations off-site.

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

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: _____

New Permit

Permit Renewal

Applicant Name: _____ Date of Birth: _____

(Applicant must be the owner of the Food Establishment or an officer of the Legal Ownership)

Catering/Vendor Information

Catering/Vendor Name: _____

(Must be entered as it appears on storefront [DBA])

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Business Hours: _____ Days Catered: _____

Estimated number of Catering Events per Year: _____

Owner Information

Ownership Type (Check one): Individual Association Corporation Partnership LLC

Federal Tax ID #: _____

Owner(s) Name: _____

(Must be entered as it appears on federal tax letter)

Owner Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Mail correspondence to: _____ Food Establishment Address Owner/Alternate Address

Responsible Party

The Responsible Party is directly responsible for the food establishment. List the name of the individuals legally responsible for the operation; this may be the owner/permit holder, president of the corporation, manager of operations, or the manager of the LLC.

Permitted Facility Information

Permitted Facility Name: _____ Food Service Permit/License Number: _____

Person in Charge: _____ Regulatory Authority: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Days of Operation: _____ Hours of Operation: _____

Catered Food Type**Please check one or more boxes to indicate the type of food you will be serving:**

- | | | | | |
|--------------------------------------|-------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Health food | <input type="checkbox"/> Seafood | <input type="checkbox"/> Greek | <input type="checkbox"/> Thai | <input type="checkbox"/> Dessert |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Steak | <input type="checkbox"/> German | <input type="checkbox"/> Sushi | <input type="checkbox"/> Continental |
| <input type="checkbox"/> Cajun | <input type="checkbox"/> Kosher | <input type="checkbox"/> French | <input type="checkbox"/> Alcohol only | <input type="checkbox"/> breakfast |
| <input type="checkbox"/> Hamburgers | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Coffee/Tea | <input type="checkbox"/> Breakfast |
| <input type="checkbox"/> Pizza | <input type="checkbox"/> Mexican | <input type="checkbox"/> Korean | <input type="checkbox"/> Chinese | <input type="checkbox"/> Salad bar |
| <input type="checkbox"/> Barbeque | <input type="checkbox"/> Italian | <input type="checkbox"/> Indian | <input type="checkbox"/> Pre-packaged Food | <input type="checkbox"/> Baked goods |
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Family style | |
| <input type="checkbox"/> Other _____ | | | | |

Additional Information**Food Transportation Method** Hot Holding Cold Holding Method/Equipment : _____

Vehicle make: _____ Vehicle Model: _____ License Plate #: _____

Describe _____

Please check one or more boxes to indicate the type of food preparation methods that will be used:

- | | | |
|--|--|--|
| <input type="checkbox"/> Cater only pre-packaged potentially hazardous foods | <input type="checkbox"/> Hot and/or cold holding | <input type="checkbox"/> Thaw frozen product |
| <input type="checkbox"/> Combine raw ingredients to make a finished product | <input type="checkbox"/> Reheating for hot holding | <input type="checkbox"/> Time as a control |
| <input type="checkbox"/> Cool down cooked product for refrigeration | <input type="checkbox"/> Cook for hot holding | <input type="checkbox"/> Freezing |
| <input type="checkbox"/> Prepare large quantities in advance | <input type="checkbox"/> Cook to order | |

IN ADDITION TO THIS APPLICATION, THE FOLLOWING MUST BE SUBMITTED:

- Copy of the Current Food Service Permit for the food prep location
- Copy of the Permit holder's Photo ID
- Copy of the Federal Tax ID number letter
- Copy of last Health inspection for the Permitted food prep location, if outside KCMO City Limit
- Copy of the Menu of items to be catered

*It is advisable to purchase a copy of the Kansas City, Missouri Food Code to ensure compliance with all regulations. Copies may be purchased from the Environmental Public Health Program. The Kansas City, Missouri Food Code is also available for free on our website: www.kcmo.org/health***Fee Information****Permit Fees must be submitted with the application .Fees will be accepted ONLY in the form of a check or money order. NO CASH WILL BE ACCEPTED. A FEE WILL BE CHARGED ON ALL RETURNED CHECKS.****Please make check or money order payable to: CITY TREASURER**

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 (SEC 30-71 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 LOCATION, OR FROM ONE TYPE OF OPERATION TO ANOTHER TYPE OF OPERATION.

SIGNATURE: _____ TITLE: _____

SIGNATURE OF FOOD INSPECTOR: _____ APPROVAL DATE: _____