



For Office Use Only	
Permit	Date: _____
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Platte County Health Department

212 Marshall Road, Platte City, MO 64079 Phone

(816) 858-2412, Fax (816) 858-2087

food@plattehealth.com

Temporary Food Service Establishment and Mobile Food Unit Application/Permit

Operator:	Email Address:
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Establishment Name:

Mailing Address:	City:	State:	Zip:	Phone:
				Fax:

Event:	Event Date(s):
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Menu Items:

⓪Area below to be completed by Platte County Health Department Representative⓪

Food Product	Temp.	Location	Food Product	Temp.	Location

Required	Inspection
1	Food from approved source
2	Potentially hazardous food (PHF) meets temperature requirements
3	PHF properly thawed, cooked, cooled, reheated
4	Adequate refrigeration provided 41°F or below
5	Hot holding units provided 135°F or higher
6	Thermometers provided in refrigerators
7	Metal stem thermometer provided (0-220° F. temperature range)
8	Food properly stored, prepared, dispensed
9	Food handlers' gloves provided, used
10	Food and ice dispensing utensils provided, used
11	No bare hand contact with ready-to-eat foods
12	Handwashing sink provided, used
13	Soap and paper towels provided, used
14	Personnel with infections restricted
15	Eating, smoking, drinking, prohibited in establishments
16	Food contact surfaces properly constructed, clean

Required	Inspection
17	Non-food contact surfaces properly constructed, clean
18	Three compartment sink provided for dishwashing
19	Wastewater properly disposed of
20	Covered waste containers provided
21	Single service articles properly stored, dispensed
22	Person in charge/Demonstration of knowledge
23	Potable water provided
24	Water under pressure provided
25	Approved sanitizer provided, used
26	Wiping cloths in sanitizer solution
27	Sanitizer test strips provided, used
28	Overhead protection provided
29	Insects, rodents excluded from establishment
30	Floors, walls and ceilings properly constructed, clean
31	Lighting adequate; fixtures shielded
32	Chemicals properly stored, used

Required items (above) to be circled by a representative of the Platte County Health Department. Deficiencies to be marked with an (x).

<u>Food CANNOT be served or sold until permit has been granted.</u> Permit Granted () Permit Denied ()	Temperature "Danger Zone": 41° to 135° F. Remember to WASH YOUR HANDS!
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Comments:

Chemical Sanitizer Concentrations: Chlorine (Bleach): 100-200 ppm Quaternary Ammonia: 200-400 ppm

Reviewed by (Health Dept.):	Date:
Inspected by (Health Dept.):	Received by (Operator):
	Date:

This document serves as your permit. Please post in the establishment during event.

Failure to meet all requirements by inspection start time may result in permit denial.