



**Public Health**  
Prevent. Promote. Protect.

| For Office Use Only |                      |
|---------------------|----------------------|
| Permit Fee Paid ( ) | Received Date: _____ |

# 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/Contact Person: |  |       | Email Address: |  |        |
| Establishment Name:      |  |       |                | Fund raiser for a non-profit organization? ( ) Yes ( ) No<br><i>(If yes, please attach proof of status as a non-profit.)</i> |        |
| Mailing Address:         |  | City: | State:         | Zip:   | Phone: |
|                          |  |       |                |  | Fax:   |
| Event:                   |  |       | Event Date(s): |  |        |

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).

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

**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.\*\*\*