

**Lafayette County Health Department
547 South Business 13 Highway
Lexington, MO. 64067**

**Promoting Health
Preventing Illness
660-259-4371 x234**

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT

Please complete fully and sign*

- Temporary Food Stand (will operate in Lafayette County for less than 14 days this year - \$25
- Mobile Food Unit (will operate in Lafayette County more than 14 days this year) - \$75
- Non-Profit Organization (must still follow rules) – No Charge

*Owner of Establishment _____

*Establishment Name(s) _____

*Establishment Mailing Address: _____ City _____

*State _____ Zip _____ Phone _____

E-mail address _____ Fax _____

*Fairs or locations stand will operate this year:

I agree to comply with all operation regulations for a food service that are enforced by the Lafayette County Health

Department. *Signature _____ *Date _____

Make checks payable to Lafayette County Health Department Total Fee \$ _____

Remit completed and signed application along with check or money order to:
Lafayette County Health Dept., 547 S. Business 13 Hwy. Lexington, MO 64067

If you are operating more than one stand please fill out a separate application for each stand OR indicate the names of each stand on the one form. Multiply the fee by however many stands you have.

Application Approved

Signature: EPHS/Designee _____ Date _____

Payment Received

Issue Permit

Date

Initial

Rcpt.#

Date

Initial

Date

Initial