



NON-MOBILE FOOD VENDOR PERMIT APPLICATION

Instructions:

- Return completed application at least 30 days prior to planned operating 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-operational inspection with a CHECK or MONEY ORDER made payable to the City Treasurer. No cash will be accepted.
- Pre-operational inspection does not guarantee a permit will be issued.
- This permit authorizes a vendor to operate no more than twenty-four (24) hours per week, and no more than twelve (12) hours in any twenty-four (24) hour period.
- A Non-Mobile Food Vendor Permit is an annual permit that expires at the end of every calendar year.
- This permit is issued to an organized, reoccurring operation at no more than 3 designated and approved locations.

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

PROCESSING FEE MUST BE SUBMITTED WITH APPLICATION AND IS NON-REFUNDABLE.

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 Health Inspector in order to complete this application process.

Date: _____
 Applicant Name: _____ Date of Birth: _____
(Applicant must be owner or an officer of the legal ownership of the Non-Mobile Food Vendor.)

Establishment/Vendor Information

Establishment/Vendor Name: _____

Owner Name: _____
(Must be entered as it appears on Federal Tax ID letter)

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

Federal Tax ID #: _____

Owner Address: _____ City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email: _____

Responsible Party

The responsible party is directly responsible for the Non-Mobile Food Vendor. List the name of the individuals legally responsible for the operation; this may be the owner/permit holder, president of the company, manager of operations, or the manager of the LLC.

Do you plan to obtain a Non-Mobile Food Vendor Permit next year? Yes No

Serving Location(s)

Non-Mobile Food Vendors can serve at a maximum of three (3) locations.

Location #1: Indoor Outdoor

Service Location: _____

Address: _____

City: Kansas City State: MO ZIP Code: _____

Operating Days & Times: _____

Describe Serving Location: _____

Location #2: Indoor Outdoor

Service Location: _____

Address: _____

City: Kansas City **State:** MO **ZIP Code:** _____

Operating Days & Times: _____

Describe Serving Location: _____

Location #3: Indoor Outdoor

Service Location: _____

Address: _____

City: Kansas City **State:** MO **ZIP Code:** _____

Operating Days & Times: _____

Describe Serving Location: _____

Food Preparation

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

- Serve/sell only pre-packaged time/temperature control for safety foods
- Combine raw ingredients to make a finished product
- Cool down cooked product for refrigeration
- Prepare large quantities in advance
- Thaw frozen product
- Reheating for hot holding
- Cook for hot holding
- Hot and/or cold holding
- Time as a public health control
- Freezing

Pre-Opening Inspection Checklist

The pre-operational inspection checklist is used by the Environmental Public Health Program as a tool to assist in determining a Non-Mobile Food Vendor's eligibility to operate. The Non-Mobile Food Vendor still must comply with all requirements of the Kansas City, MO Food Code. Failure to meet requirements at the time of the pre-operational inspection may result in a re-inspection fee.

	Yes	No	N/A
1. Water Source			
A. Is water source and system of sufficient capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Potable water tank must be able to store a minimum of 5 gal. Size: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is waste retention tank at least 15% larger than the potable water tank? Size: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is the waste connection located lower than the potable water faucet connection to preclude contamination of the potable water system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Is the potable water tank permanently installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Is the waste water tank permanently installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Are the tanks maintained in good repair (i.e., no leaks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Are the tanks maintained in such a manner that prevent the spilling or splattering of grease, water, food, or trash on any public right-of-way where food is served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Handwashing Facilities			
A. Is a handwashing sink provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Does the handwashing sink have a mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Does the handwashing sink provide hot and cold running water under mechanical pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Does the handwashing sink provide hot water at a temperature of at least 100F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Does the handwashing sink have a water heating system that provides a continuous supply of hot water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Is the handwashing sink located in the food service/preparation areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Is the handwashing sink supplied with handwashing cleanser and a method for drying hands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Is a handwashing sign posted at the handwashing sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Floors/Walls/Ceilings		Yes	No	N/A
A.	Is overhead protection provided and maintained in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Does overhead protection cover all food service and preparation areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Is there adequate lighting over the food preparation and service areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Flooring must be smooth, durable, and easily cleanable. What type of flooring will you provide at your serving station? <input type="checkbox"/> Concrete <input type="checkbox"/> Tile <input type="checkbox"/> Wood <input type="checkbox"/> Dirt or Grass Covered with Tarps or Mats <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	For Outdoor Events: What type of overhead protection and walls will you be using? <input type="checkbox"/> Overhead Protection w/No Walls <input type="checkbox"/> Tent w/Screened Enclosure <input type="checkbox"/> Temporary Construction <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Are the food preparation and serving areas free of litter and unnecessary items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Waste Receptacles		Yes	No	N/A
A.	Is a waste receptacle or container provided in food preparation and service areas and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Does the waste receptacle or container have a tight-fitting lid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sanitizer & Toxic Chemicals		Yes	No	N/A
A.	What type of sanitizer will you use to disinfect food-contact and non-food-contact surfaces? <input type="checkbox"/> Chlorine (Bleach) <input type="checkbox"/> Quaternary <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Are sanitizer test strips provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Are toxic chemicals properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Are toxic chemicals stored away from food preparation and serving areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Temperature Control		Yes	No	N/A
A.	How will you transport food to the serving location? <input type="checkbox"/> Coolers w/ Ice <input type="checkbox"/> Freezers <input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Hot boxes <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	How will you hold time/temperature control for safety foods at 41F or below? <input type="checkbox"/> Mechanical refrigeration <input type="checkbox"/> Ice packs <input type="checkbox"/> Dry Ice <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Does freezer hold food frozen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Are coolers equipped with drain plugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Do hot holding units hold foods at 135F or above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	How are hot holding units powered? <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Sterno Gel Fuel <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Are thermometers provided at all hot and cold holding equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Is a metal stem thermometer available for food temperatures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Does the metal stem thermometer read from 0-220F in 2-degree increments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Equipment, Food-Contact & Nonfood-Contact Surfaces		Yes	No	N/A
A.	Is all equipment maintained in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Are all food-contact & nonfood-contact surfaces in good condition, properly constructed, non-absorbent, smooth, and easily cleanable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Are all food-contact & nonfood-contact surfaces washed and sanitized to be clean to sight and touch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Are all food-contact & nonfood-contact surfaces constructed from an approved material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Is adequate storage provided at each serving location for food, equipment, and supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Employee Health & Hygiene		Yes	No	N/A
A.	Is an employee health policy is communicated to staff (KCMO Food Code, Part 2-2)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Are hair restraints provided for all employees, including those with beards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Are employees are required to wear clean outer garments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissary		Yes	No	N/A
A.	Will you be packaging any food in an establishment outside Kansas City, MO?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Is the commissary's permit current and in good status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Will you be reporting to the commissary at least once per day during all serving days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Is the commissary accessible during all serving days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Demonstration of Knowledge & Documentation		Yes	No	N/A
A.	Does the person-in-charge have valid certification in food handling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Is the person-in-charge able to demonstrate knowledge of foodborne illness, foodborne diseases, HACCP, food safety, proper food handling, etc. (KCMO Food Code 2-102.11)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Is proof of current commissary agreement available during serving times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Is a copy of the menu available during serving times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Document Submittal (documents required to be submitted with the application prior to scheduling of the pre-opening inspection)	
<input type="checkbox"/>	Copy of Permit Holder's Photo ID
<input type="checkbox"/>	Copy of Federal Tax ID Letter
<input type="checkbox"/>	Completed Kansas City, MO Health Department Commissary Agreement form. Commissary Agreement (includes written procedures for use) from a commissary owner. Commissary is limited to the Kansas City, MO Metropolitan Area.
<input type="checkbox"/>	Copy of Commissary Health Permit (if located outside of Kansas City, MO)
<input type="checkbox"/>	Copy of Commissary Last Inspection Report (if located outside of Kansas City, MO)
<input type="checkbox"/>	Copy of the Menu
<input type="checkbox"/>	Processing Fee in the Form of a Check or Money Order

It is advisable to review the Kansas City, MO Food Code to ensure compliance with all regulations. The Kansas City, MO Food Code is available to review at www.kcmo.gov/health.

Fee and Payment Information

Upon approval, permit fees will be collected at the pre-operational inspection. Fees will be accepted ONLY in the form of a business check, cashier's check, or money order. NO CASH WILL BE ACCEPTED. A fee will be charged on all returned checks.

Please make checks and money orders payable to: CITY TREASURER

Fees Due (this section to be completed by Inspector)	
PROCESSING FEE FOR ALL VENDORS	\$
NON-MOBILE FOOD VENDORS	\$
TOTAL FEES DUE	\$

I CERTIFY THAT THE INFORMATION SUPPLIED IN THIS APPLICATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF FACT WILL RENDER THIS APPLICATION AND ANY PERMIT ISSUED INVALID.

I AM FAMILIAR WITH THE REQUIREMENTS OF THE KANSAS CITY, MO FOOD CODE AND UNDERSTAND THAT, IF APPROVED, MY FOOD ESTABLISHMENT MAY BE SUSPENDED OR REVOKED FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THE ORDINANCE (SEC. 30-71 – KCMO FOOD CODE ADOPTED).

IF APPROVED, I UNDERSTAND THAT FOOD ESTABLISHMENT PERMITS MAY NOT BE TRANSFERRED FROM ONE PERSON TO ANOTHER, FROM ONE LOCATION TO ANOTHER LOCATION, OR FROM ONE TYPE OF OPERATION TO ANOTHER TYPE OF OPERATION. I UNDERSTAND THAT I MUST REMAIN IN COMPLIANCE WITH ALL APPLICABLE CITY ORDINANCES AND/OR OTHER AUTHORITY.

SIGNATURE: _____ **TITLE:** _____

INSPECTOR (PRINT): _____ **APPROVAL DATE:** _____