

**Marion County Health Department
3105 Route W
Hannibal, MO 63401
Phone (573) 221-1166 FAX (573) 221-1214**

Name of event _____ Event Date/Time _____

Location of event _____ Time you will be set up _____

Name of organization or stand _____

Person in charge of stand _____ **Phone number** _____

E-mail address _____

Food/Drink to be served _____

Where will the food be prepared _____

Food that needs to be held hot or cold vended to the public must be prepared in an approved facility
***non-potentially hazardous food prepared in the home (bake sale items) must be labeled with or have a sign posted stating: "These foods were not prepared in a health department inspected facility"**

The permit fee is \$10, Missouri check, cashier's check or cash only. The application and fee shall be submitted at least 48 hours prior to the event. Not for profit groups are not be charged a fee but are still required to fill out an application and adhere to all Marion County Temporary Food Stand Requirements.

**Please submit the permit fee (if required) with this application to:
Marion County Health Department, P.O. Box 1378, Hannibal, MO 6340**

****The Temporary Food Permit must be posted for public viewing, Permit Fees Are Not Refundable****

Temporary Food Stand Checklist

- ___ A digital or 0-220⁰F dial type food thermometer
- ___ Test strips to check sanitizer strength
- ___ A hand washing station in or near your stand with a free-flowing faucet **Set up prior to food prep or service**
- ___ Food grade gloves or tongs to handle ready to eat foods
- ___ Hair restraints
- ___ Overhead protection for your food preparation and serving area.

- ❖ When cleaning and sanitizing utensils on-site, **WASH-RINSE-SANITIZE**, one teaspoon unscented bleach per gallon of water.
- ❖ Keep all food, utensils, and single service items off the ground or in a plastic container.
- ❖ If cooking your food prior to the event, how will you cool and reheat it? ***List your cooling and reheating procedure** _____

*****Set up early, mistakes can happen when rushing to get food out*****

Signature of person in charge/applicant _____

Date _____



MCHD Notes _____