



Barry County Health Department
65 Main, PO Box 207
Cassville, MO 65625
417-847-2114 FAX 417-847-2116
www.barrycountyhealth.org

**PERMIT APPLICATION
FOR FOOD SERVICE ESTABLISHMENTS**

Date _____

Applicant Complete This Section **PLEASE PRINT**

Establishment

Name _____ Phone _____ Fax # _____

Mailing

Address _____ City/State _____ Zip _____

Please check box if this is the address to use for primary correspondence

Location (Physical Address) _____

Email Address _____

Owner

Name _____ Phone _____

Mailing

Address _____ City/State _____ Zip _____

Please check box if this is the address to use for primary correspondence

Email Address _____

Days of Operation: S M T W T F S Hours open _____
(Circle Days Open)

Months of operation 1 2 3 4 5 6 7 8 9 10 11 12
(Circle Months Open)

Number of Full-Time Employees _____ Number of Part-Time Employees _____

Average Number of meals or patrons served per day: 1-150 151-400 over 400

Type of establishment: please mark all that apply.

Restaurant Tavern Grocery Convenience Store Bakery School/Senior Center

Annual Mobile Other (Explain) _____

I certify that the information contained on this form is correct.

Applicants Signature _____ Date _____

Return completed form and fee of \$ _____ for an annual permit.

Public health makes life better.

An Equal Opportunity/Affirmative Action Employer: Services provided on a nondiscriminatory basis.