



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

**PERMIT APPLICATION  
FOR FOOD SERVICE ESTABLISHMENTS**

Date \_\_\_\_\_

Permit# \_\_\_\_\_

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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

PAID \_\_\_\_\_

Public health makes life better:

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