



Barry County Health Department
90 Barry County Dr., 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) _____

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.