



KCMO HEALTH DEPARTMENT ENVIRONMENTAL PUBLIC HEALTH PROGRAM

2400 TROOST AVE, SUITE 3000
KANSAS CITY, MO 64108
Phone: (816) 513-6315 Fax: (816) 513-6290



Food Sampling Permit Application

Instructions:

- Return completed application at least 30 days prior to start of operation. If an individual other than the owner completes the form, a letter from the owner delegating this responsibility must be provided.
- The City of Kansas City prohibits smoking in enclosed places of employment and all enclosed public places; KCMO Ordinance No. [R-2008-00067].
- To obtain a Sampling Permit you must have one of the following: State Food Distribution Permit, Food Manufacturing License to sell processed foods, or License Exemption. A copy of this must be provided with the application.
- Food Sampling Permit: issued to a person who is distributing food for the sole purpose of introducing the consumer to either a food product or drink, or method of cooking, or piece of equipment. Food sampling shall be limited to bite sized portions not to exceed 2 oz per sample. All potentially hazardous food samples shall be disposed within four hours after being removed from active temperature control. Sampling Permit allows only vendors with State Food Distribution Permit or Food Manufacturing License to sell processed foods, unless license exemption is provided. On site food preparation is prohibited with a Sampling Permit. Any processed foods must be pre-packaged and properly labeled.
- On site food cooking and preparation is prohibited with a Sampling Permit and serving size of sample must not exceed 2oz.

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

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 Food Inspector in order to complete this application process.

Date: _____ New Permit Permit Renewal

Applicant Name: _____ Date of Birth: _____

(Applicant must be the owner of the Food Establishment or an officer of the Legal Ownership)

Vendor Information

Vendor Name: _____ Vendor Phone: _____

Vendor Address: _____ City: _____ State: _____ Zip: _____

Owner Information

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

Federal Tax ID #: _____

Owner(s) Name: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Type of License: *State Food Distribution Permit *Food Manufacturing License License Exemption

Name of Agency: _____ *Provide License Number: _____

Person-In-Charge

The Person-In-Charge is directly responsible for the food establishment and he/she or an appointed designee must be present at all times during the operation of the food establishment.

Name of Person-In-Charge: _____

Requirements

- Flooring must be smooth, durable, and easily cleanable. What type of flooring will you provide at your station?
 Concrete Tile Dirt or Grass Covered with Tarps or Mats Other: _____
- For Outdoor Events: What type of overhead protection will you be using?

3. A hand washing sink is required. What type of hand washing sink will you use?
 Gravity Flow (Container with hands-free dispensing valve) Plumbed Sink with hot and cold running water
4. No bare-hand contact w/ ready-to-eat food is allowed. How will your employees or volunteers handle food?
 Gloves Tongs Utensils Deli Tissue Toothpicks/Swords Other: _____
5. What type of sanitizer will you use to disinfect food-contact and non-food-contact surfaces?
 Chlorine (Bleach) w/Test Strips Quaternary w/Test Strips Iodine w/Test Strips *Sanitizer wipes are not approved.
6. How will you ensure proper temperature of sampled food during the event?
Cold foods at 41°F or below: Ice Coolers with drains Freezers Mechanical Refrigeration Dry Ice
 Other: _____

Hot foods at 135°F or above: Steam Table Chafing Dish Electric Roaster Pan
 Other: _____

Time As A Public Health Control: Are you using Time As a Public Health Control? No Yes
 If yes, Time as a public health control requires that all food must be discarded after four hours, once removed from active temperature control. Describe your process/procedure for monitoring time:

Type of food to be sampled

List all food items to be sampled and the type of packaging used on each product. Attach a separate sheet if necessary.

Transportation Method

Food Transportation Method _____

Vehicle make _____ Model _____ License plate # _____

'Describe' _____

IN ADDITION TO THIS APPLICATION, THE FOLLOWING DOCUMENTS MUST BE SUBMITTED:

- Copy of the State Food Distribution Permit, Food Manufacturing License to sell processed foods, or documentation stating you are license exempt.
- Copy of Owners State issued photo ID

It is advisable to purchase a copy of the Kansas City, Missouri Food Code to ensure compliance with all regulations. Copies may be purchased from the Environmental Public Health Program. The Kansas City, Missouri Food Code is also available for free on our website: www.kcmo.org/health

Fee Information

Permit Fees must be submitted with the application. Fees will be accepted ONLY in the form of a check or money order. NO CASH WILL BE ACCEPTED. A fee will be charged on all returned checks.

Please make check or money order payable to: CITY TREASURER

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

I AM FAMILIAR WITH THE CONTENTS OF THE KANSAS CITY, MISSOURI FOOD CODE AND UNDERSTAND THAT MY FOOD SAMPLING PERMIT MAY BE SUSPENDED OR REVOKED BY THE HEALTH DEPARTMENT FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THE ORDINANCE (SEC 30-71 FOOD CODE ADOPTED).
 IF APPROVED, I UNDERSTAND THAT FOOD SAMPLING PERMIT MAY NOT BE TRANSFERRED FROM ONE PERSON TO ANOTHER PERSON, FROM ONE LOCATION TO ANOTHER LOCATION, OR FROM ONE TYPE OF OPERATION TO ANOTHER TYPE OF OPERATION.

SIGNATURE: _____ TITLE: _____

SIGNATURE OF FOOD INSPECTOR: _____ APPROVAL DATE: _____