Saline County Health Department
Environmental Health Services
1825 S. Atchison Ave.
Marshall, MO 65340
660-886-3434 Fax 660-886-6676

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT

(Establishment, Organization or Individual) (Contact Person) (Telephone Number)

(Mailing Address)

(Event) (Location)

(Date & Time of Event)

MENU: List all foods and where they were purchased:

By signing below, you are agreeing to comply with the rules and regulations for temporary food events set forth by the City of Marshall

Signature: _____ Date: _____

Return To: Saline County Health Department
1825 S. Atchison Ave.
Marshall, MO 65340

Applications must be returned in person to the Health Department 2 weeks prior to the event.

OFFICE USE ONLY

Date Received_____ Approved: Yes No Permit # _____

(Karen Meyer, Terri Gates, Lisa Thomas, Russ Donnell) (Date)