



**Public Health**  
Prevent. Promote. Protect.

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 to the Health Department 2 weeks prior to the event. Return application in person or send a self addressed stamped envelope.

OFFICE USE ONLY		
Date Received _____	Approved: Yes No	Permit # _____
(Karen Meyer, Terri Gates, Lisa Thomas, Russ Donnell)		(Date)