

# TEMPORARY FOOD PERMIT APPLICATION CHECKLIST



If you would like to sell food and/or beverages at a temporary location for an event, this guide will assist you in obtaining a permit to do so. The Temporary food permit application checklist is intended to serve as a reference document and in no way attempts to provide all the information necessary to operate a temporary food stand in the City of Kansas City, MO. Please note that any entity looking to sell food and/or beverages using a Temporary Food Permit must already have a **Kansas City Business License or a Kansas City Convention and Tourism License**.

<p><b>Temporary Food Permit Application</b></p> <p>Application must be submitted at least 14 days before the scheduled event. *Some major events require more advanced notice</p> <p><i>*Must attach a copy of your current health permit if food is prepared outside of Kansas City, MO</i></p>	<p><b>Application found online at: <a href="https://kcmo.gov/health">kcmo.gov/health</a></b></p> <p><b>Submit Application to:</b>          Kansas City Health Dept          2400 Troost Ave, Suite 3200 Kansas City, MO          Phone: (816)-513-6315          Fax: (816)-513-6290</p>
<p><b>Ensure Set-up is in compliance with Health Departments Guidelines</b></p> <p>A covered food stand is required to operate a temporary food service. Sanitation and hygiene standards must be met according to the requirements found in the application.</p>	<p><b>Guide for Operating a Temporary Food Stand can be found online at: <a href="https://kcmo.gov/health">kcmo.gov/health</a></b></p>
<p><b>Temporary Food Serving Stand</b></p> <p>A temporary food stand is any location where food is prepared, handled, or served to the public on a temporary basis. These stands typically operate from a single location during a specific event or celebrations such as a fair, festival, carnival, or similar gathering - for no more than 14 consecutive days.</p>	<p><b>Requirements</b></p> <p>Temporary stands must have overhead protection, floor, and sidewalls made of approved materials (i.e. wood, canvas, or pavement) which will provide protection from splash, dust, pests, and inclement weather.</p>
<p><b>Sanitation &amp; Hygiene</b></p>	<p>Supply approved potable (drinking) water for employee hand washing. Any water hoses should be of food grade quality and hose connections should be elevated off the ground.</p>
<p><b>Health Department Will Schedule Pre-Inspection</b></p>	<p><b>For questions or concerns regarding Pre-Inspection and/ or scheduling time contact:</b>          Kansas City Health Dept   Phone: (816) 513-6315</p>
<p><b>Permit Will Be Issued Day Of Event</b></p> <p>All requirements must be completed by the events designated start time. Failure to meet requirements per the application will result in either a re-inspection fee or denial of permission to operate</p> <p><i>• The permit is only valid for the time/date/location printed on the permit</i></p>	<p>If all requirements are met, Health inspector will issue temporary permit on the spot. If requirements are not met the Inspector has the authority to deny the permit or allow for reinspection on the same day.</p> <p><b>• The reinspection fee is \$155 and is due at time of reinspection</b></p>
<p><b>Pay Permit Fee</b></p> <p>All fees are due at the time of application submission with a check or money order payable to the City Treasurer. No cash accepted.</p>	<p><b>Fee Schedule: <a href="#">Fee Schedule 2025.pdf</a></b></p> <p>Application fees are based on a tiered fee schedule depending on number of days of selling and number of advanced days' notice. <i>*Permit fee is non-refundable</i></p>

# Items to Check Before an Event

<b>1. Type of Operation:</b> <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Mobile Food Trailer <input type="checkbox"/> Other: _____	<b>8. Food &amp; Beverages Served:</b> <b>On-Site Prepared Foods:</b> _____ <b>Off-Site Prepared Foods (Restaurant/Commissary):</b> _____ <input type="checkbox"/> Menu Attached
<b>2. Food Transport Method:</b> <input type="checkbox"/> Coolers w/ Ice <input type="checkbox"/> Freezers <input type="checkbox"/> Refrigerated Truck <input type="checkbox"/> Hot Boxes <input type="checkbox"/> Other: _____	<b>9. Food Temperature Control:</b> <b>Cold Foods (41°F or below):</b> <input type="checkbox"/> Coolers w/ Ice <input type="checkbox"/> Freezers <input type="checkbox"/> Dry Ice <input type="checkbox"/> Mechanical Refrigeration <input type="checkbox"/> Other
<b>3. Temperature Monitoring:</b> <input type="checkbox"/> Metal-stem thermometer (0°F – 220°F, no glass)	<b>10. Handling Ready-to-Eat Foods:</b> <input type="checkbox"/> Gloves <input type="checkbox"/> Tongs <input type="checkbox"/> Utensils <input type="checkbox"/> Deli Tissue <input type="checkbox"/> Toothpicks <input type="checkbox"/> Other
<b>4. Hand Washing Station:</b> <input type="checkbox"/> Gravity Flow with Hands-Free Spout <input type="checkbox"/> Plumbed Sink (Hot/Cold Water) <input type="checkbox"/> Portable Unit with Foot Pump <input type="checkbox"/> Other: _____	<b>11. Surface Sanitizer (with test strips):</b> <input type="checkbox"/> Chlorine (Bleach) <input type="checkbox"/> Quaternary <input type="checkbox"/> Iodine <input checked="" type="checkbox"/> Sanitizer wipes are not approved
<b>5. Water Supply Source:</b> <input type="checkbox"/> On-Site <input type="checkbox"/> Restaurant <input type="checkbox"/> Commissary <input type="checkbox"/> Other: _____	<b>12. Outdoor Cooking Equipment:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes – Grill/Smoker with Hinged Lid <input type="checkbox"/> Yes – Flat Top Grill with Overhead Protection & Screened Sides
<b>6. Flooring Type:</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Tile <input type="checkbox"/> Wood <input type="checkbox"/> Dirt/Grass w/ Tarp or Mats <input type="checkbox"/> Other: _____	<b>13. Overhead Protection (Outdoor Only):</b> <input type="checkbox"/> Overhead Only <input type="checkbox"/> Tent w/ Screened Enclosure <input type="checkbox"/> Temporary Structure <input type="checkbox"/> Other
<b>7. Person-in-Charge:</b> Name: _____ Food Safety Certification: _____ <input type="checkbox"/> Gravity Flow with Hands-Free Spout <input type="checkbox"/> Plumbed Sink (Hot/Cold Water) <input type="checkbox"/> Portable Unit with Foot Pump	<b>Additional Requirements:</b> Outdoor Vendors cooking on-site must have overhead protection and screened enclosure. Events lasting 3+ days must provide: <input type="checkbox"/> Overhead Only <input type="checkbox"/> Tent w/ Screened Enclosure

**For Temporary Food Permit Application Questions**

Contact: 2400 Troost Ave, Suite 3200 | (816) 513-6315 | [kcmo.gov/health](http://kcmo.gov/health)