



**Public Health**  
Prevent. Promote. Protect.  
Callaway County Health Department

<b>For Office Use only</b>
_____ Application Received
_____ Entered in Database
_____ Risk Assessment Completed
_____ Payment Received
_____ Inspection Scheduled
_____ Food Permit Sent

**CALLAWAY COUNTY, MISSOURI  
FOOD ESTABLISHMENT APPLICATION  
FOR  
MOBILE/RECURRING FOOD VENDOR**

Permit fees are determined by using a priority assessment worksheet provided by the State of Missouri Division of Health and Senior Services. Risk factors are identified, and the fee is determined by the amount of risk.

Low priority mobile/ recurring permit .....	\$75
Medium priority mobile/ recurring permit .....	\$100
High priority mobile/ recurring permit .....	\$125

**Warning:** Failure to complete any question on this application in its entirety will result in the delay of your pre-opening inspection.

**ESTABLISHMENT INFORMATION**

Name of Establishment: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website for posting locations of operation: \_\_\_\_\_

Other methods used for communicating locations of operation: \_\_\_\_\_

**BILLING INFORMATION**

**Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City/ST/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**BUSINESS OWNER INFORMATION**

**Owner:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/ Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**COMMISSARY**

A commissary is a permitted food establishment, such as a restaurant, in which food, containers, or supplies are stored or handled for use. A commissary is NOT a private home, church, club, or other nonprofit or for-profit association that does not hold a valid food permit. **If a mobile unit is not completely self-containing, then a commissary agreement is required.** If commissary is located outside the jurisdiction of Callaway County, operator of the mobile unit must provide a copy of the current food establishment permit and a copy of the most recent health inspection for the commissary prior to approval. If the owner of the mobile unit does not own the commissary, operator of the mobile unit and owner of the commissary facility must complete and submit the commissary agreement that comes with this document. If a commissary agreement is not required by a mobile unit then the section labeled "Grey Water Disposal" must be completely filled out.

Conditions that exempt a mobile unit from having commissary:

- Having sufficient cold holding units to meet the units peak service obligations.
- Having sufficient hot hold units to meet the units' peak service obligations.
- Having sufficient and complete temperature logs to include hot and cold holding times and temperatures.
- Having enough clean/ sanitary utensils to meet the peak requirements of the unit, or the ability to completely wash, rinse, and sanitize these items.

The commissary must provide the following:

- Water supply
- Food storage
- Food preparation as approved by Callaway County Health Department
- Solid and liquid waste disposal
- Utensil cleaning facilities

**GREY WATER DISPOSAL**

Grey water needs to be disposed of according to DNR regulations to not interfere with water tables or have an environmental impact. It is the responsibility of the Mobile Food Unit Owner to provide proof of disposal means to the Callaway County Health Department by filling out the information below.

Name of location where grey water will be disposed: \_\_\_\_\_

Address of location: \_\_\_\_\_

Methods of disposal (RV dump station, etc.): \_\_\_\_\_

Printed name of person at disposal site: \_\_\_\_\_

Signature of person at disposal site: \_\_\_\_\_

Phone number of location:( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**WATER SUPPLY**

- 1. What is the size of the water supply tank? \_\_\_\_\_ GALLONS
- 2. What is the size\* of the wastewater retention tank? \_\_\_\_\_ GALLONS  
*Wastewater retention tank must be at least 15% larger than the water supply tank*
- 3. Is the plumbing system in good repair (ex. no leaks, water draining properly)?  
 Yes       No

**WALLS/ FLOORS/ CEILING AND OVERHEAD PROTECTION**

- 1. Are walls and ceilings constructed from smooth and easily cleanable, non-absorbent materials?  
 Yes       No
- 2. Are all outer openings protected and sealed?  
 Yes       No
- 3. Is overhead protection provided and maintained in good repair?  
 Yes       No

**HAND WASHING FACILITIES**

Does the hand washing sink provide hot (110° F or above) and cold running water?

- 1.  Yes       No
- 2. Does the hand washing sink have a mixing valve?  
 Yes       No
- 3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?  
 Yes       No

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Is hand cleanser available at the hand washing sink?

4.  Yes  No

5. Are disposable towels available at the hand washing sink?

Yes  No

6. Is a hand washing sign posted at the hand washing sink?

Yes  No

## DISH WASHING

Does the three compartment sink in the mobile unit meet the following requirements? a.

1. Hot (110° F or above) and cold running water?

Yes  No

b. Are sink basins of adequate size to submerge utensils and cookware halfway in the sink?

Yes  No

c. Equipped with drain boards?

Yes  No

2. What type of sanitizer is used?

Chlorine  Quaternary ammonium

Are test papers and/or kits available for checking sanitizer concentration?

3.

Yes  No

## EMPLOYEES/PERSONNEL

1. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?

Yes (Please Attach)  No

Please briefly describe:

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Any employee that prepares, handles, dispenses food for human consumption, or comes into contact with food or food preparation utensils at any food establishment is required to obtain a food handler permit within **60 days** of commencement of employment. You may obtain a Callaway County Food Handler Permit online at a classroom course by contacting the Callaway Health Department at (573) 642-5750. Describe procedure for insuring employees obtain food handler training:

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## FOOD SUPPLIES

1. Food shall be obtained from an approved source. Food prepared in a private home may not be used or offered for human consumption in a food establishment (3-201-.11). Are all food supplies from inspected and approved sources?

- Yes  No

2. What are the projected frequencies of deliveries at the commissary?

Frozen Foods \_\_\_\_\_ Refrigerated foods \_\_\_\_\_ Dry Goods \_\_\_\_\_

## COLD STORAGE

1. Is adequate approved freezer refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below?

- Yes  No

2. Does each refrigerator/freezer have a thermometer that is accurate to within  $\pm 3^\circ$  F?

- Yes  No

3. Number of refrigeration units: \_\_\_\_\_ Number of freezer units: \_\_\_\_\_

4. Are refrigeration units in good repair (door gaskets sealing properly, easy to clean surfaces)?

- Yes  No

5. Will a soft serve machine be used in mobile unit?

- Yes  No

## DRY FOOD STORAGE

1. Is the shelving constructed/finished to be a smooth and easily cleanable surface?

- Yes  No

2. Is there adequate space in the dry storage area for food storage?

- Yes  No

## FOOD PREPARATION

1. Bare hand contact with ready-to-eat foods is prohibited. Describe how disposable gloves and/or utensils and/or food grade paper will be used to prevent bare hand contact with ready-to-eat foods?

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Revised 10/2025

2. Do you have an HACCP plan for specialized processing methods such as vacuum packaged food items prepared onsite or otherwise required by the regulatory authority?

- Yes (Please attach)  No  N/A

3. A variance application is required for a HACCP Plan. Please check all processes you will be doing.

- Custom processing for person use  Sprouting seeds or beans  
 Smoking food for preservation  Curing food  
 Acidification for preservation  Reduced oxygen packaging  
 Mulloscan shellfish life support tank  Other

**COOKING**

1. A bimetallic stemmed thermometer that can check temperatures between 0° F and 220° F must be provided to check food temperatures.

Is a thermometer that meets these criteria available?

- Yes  No

2. List types of cooking equipment:

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LIST ALL FOOD ITEMS TO BE PREPARED AND SERVED, CHECK ALL THAT APPLY

Food Items	Frozen	Raw	Pre-Cooked	Hot Holding	Cold Holding

**Please attach menu to this application**

**GENERAL**

- 1. Are pesticides stored separately from cleaning & sanitizing agents?  
 Yes       No
  
- 2. Are all toxics for use on the premises (this includes personal medications), stored away from food preparation and storage areas?  
 Yes       No
  
- 3. Are all containers of toxics including sanitizing spray bottles clearly labeled?  
 Yes       No
  
- 4. Are food storage containers constructed of food grade materials to store bulk food products?  
 Yes       No

Indicate types: \_\_\_\_\_

5. How many exhaust hoods are installed? \_\_\_\_\_ N/A

6. How is each listed ventilation hood system cleaned?  
\_\_\_\_\_  
\_\_\_\_\_

7. Is all lighting protected with a shatterproof shield?  
 Yes       No

8. Are all wall mounted pieces of equipment (such as a hand sink) properly sealed to the wall?  
 Yes       No

I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature(s):

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*Owner(s) or responsible representative(s)*

Date:

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Approval of these plans and specifications by this Regulatory Authority **does not** indicate compliance with any other code, law or regulation that may be required – federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). An inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

## **MOBILE/ RECURRING FOOD EVENT APPLICATION**

***Make check payable to CALLAWAY COUNTY HEALTH DEPARTMENT and send with all required documents to:***

CALLAWAY COUNTY HEALTH DEPARTMENT  
4950 County Road 304  
Fulton, MO 65251

Phone: (573) 642-5750  
Fax: (573) 642-2098

**PRIOR TO Serving- You must call our office at (573) 642-5750 to schedule an inspection with our health inspector. You cannot begin operating your business without prior approval from the Callaway County Health Department.**

**Failure to get approval to operate will be in violation of Missouri Food Code.**

## COMMISSARY AGREEMENT

I agree to report to the commissary facility listed below each operational day for all cleaning and service operations, including filling water tanks, disposal of waste water, cleaning of equipment and utensils, and storage of supplies. I further agree to obtain all supplies from an approved source. This commissary facility is a permitted and inspected facility and is compliant with current guidelines for a food establishment. Failure to comply with this agreement may result in legal action being taken to revoke your permit to operate this mobile/seasonal unit or pushcart.

**Name of Business:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**Owner (Mobile/Seasonal unit):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### TO BE COMPLETED BY COMMISSARY OWNER/OPERATOR

I agree to provide commissary services for the above mobile/seasonal unit or pushcart. My commissary facility is an inspected facility and is compliant with current guidelines for a food establishment.

**Business Name (commissary):** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE PROVIDE COPY OF COMMISSARY PERMIT AND LAST INSPECTION WITH THIS FORM.**