



MOBILE, SEASONAL AND PUSH CART FOOD SERVICE APPLICATION

Environmental Protection
Public Health Sanitation

Applications will be processed in the order that they are received.

APPLICATION OMISSIONS WILL DELAY PROCESSING. IF APPLICABLE, ENSURE THAT YOU HAVE THE DEPT. OF PUBLIC WORKS PERMIT PRIOR TO SUBMITTING THIS APPLICATION. NEW FACILITIES ARE SUBJECT TO PLAN REVIEW. ATTACH THE PLAN REVIEW APPLICATION AND FEE IF A NEW FACILITY.

Establishment Information

Date _____

Location of Operation _____
(For mobile and pushcarts, if more than 1 location, include each location.)

Dates: Starting ____/____/____ Ending ____/____/____

Times of Operation (i.e., 8 a.m. to 5 p.m.) _____

For Office Use Only:	
Date Received:	_____
Menu Approved:	YES / NO
Supplier Approved:	YES / NO
Approval Date:	_____
Sanitarian:	_____
Permit Type:	_____
Permit#:	_____
Expiration Date:	_____

Operator Information

Organization/Business Name _____

Contact Name _____ Phone (____) ____ - _____

Address _____ Fax (____) ____ - _____

City _____ State _____ Zip _____ E-mail _____

Menu Information:

Supplier Information:

Transportation/Preparation:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTACH ADDITIONAL MENU INFORMATION IF NEEDED. MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED. IF APPLICABLE, ATTACH PUBLIC WORKS APPROVAL FORM.

Applicant's Signature: _____

Applicant's Printed Name: _____

Type of permit issued is determined by the type of establishment and the number of days of operation per year.

Mobile Food Unit: (Self propelled unit/ maybe stationary) \$100
Operates 185 to 365 days/year.

Pushcart: (Non-self propelled unit) \$35

Seasonal Food Establishment: \$75.00 operates 15 to 120 days/year

For additional food safety information, visit www.stlouisco.com

Public Health Satellite Offices:

NORTH
21 Village Square
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Chesterfield, MO 63017
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Clayton, MO 63105
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Fax: 314.615.8951