

COLES COUNTY HEALTH DEPARTMENT

825 18th Street • P.O. Box 1064

Charleston, IL 61920

TEMPORARY FOOD PERMIT APPLICATION
for EASTERN ILLINOIS UNIVERSITY campus

Return completed application along with the appropriate fee or purchase order number to the address above no later than **two weeks** prior to the event. Applications received within two weeks of the event must be accompanied by a \$50 late fee in addition to the regular fee. Applications received within two weeks or without the fee shall be rejected unless accompanied by a written request from Eastern Illinois University to review.

- \$ 5.00 FEE [Serving only non-potentially hazardous food]
- \$25.00 FEE [Preparation and service of potentially hazardous food]

FOR OFFICE USE ONLY:

DATE OF APPLICATION _____

NAME OF ESTABLISHMENT _____

OWNER OR OPERATED BY _____

ADDRESS _____

OPERATING LOCATION(S), DATE(S) AND TIME(S) _____

PERMIT # _____

DATE ISSUED ___ / ___ / ___

SANITARIAN: _____

MENU

FOODS _____

DRINKS _____

SOURCES _____

FACILITIES AND EQUIPMENT

PREPARATION AND STORAGE FACILITIES _____

FOOD SERVING FACILITIES _____

CLEAN-UP FACILITIES _____

EQUIPMENT AND UTENSILS _____

COMMENTS _____

we hereby make application for a permit to operate a temporary food service establishment in compliance with the provisions of the Illinois Food Service Sanitation Code adopted by the Coles County Health Department.

we hereby agree that the information given in regards to menu, event location, and other information given on this application is true and accurate.

we further agree that a valid permit issued to us by the Coles County Health Department shall be in our possession and displayed on the premises at all times during operation of this temporary food service establishment.

PHONE _____

SIGNED _____

OWNER OR REPRESENTATIVE

EMAIL _____

