

COLES COUNTY HEALTH DEPARTMENT

825 18th Street • P.O. Box 1064

Charleston, IL 61920

TEMPORARY FOOD PERMIT APPLICATION

To operate a Temporary Food Service Establishment **the appropriate fee** is required to accompany the permit application.

No fee is required for non-profit organizations. Tax-Exempt # required for non-profit.

- Non-Profit Organization...# _____
- 14 DAYS OR LESS...\$25.00 FEE FOR FIRST EVENT AND \$10.00 FOR EACH EVENT AFTER THAT NOT TO EXCEED TOTAL OF 14 OPERATING DAYS. **[ONLY ONE, 14 DAY TEMPORARY FOOD PERMIT WILL BE ISSUED WITHIN A PERMIT YEAR*]**
- \$25.00 LATE FEE IF NOT RECEIVED BY THIS DEPARTMENT 14 DAYS PRIOR TO EVENT.

(* Permit Year is 1 October thru 30 September)

FOR OFFICE USE ONLY:

PERMIT # _____

DATE ISSUED ____/____/____

SANITARIAN: _____

DATE OF APPLICATION _____

NAME OF ESTABLISHMENT _____

OWNER OR OPERATED BY _____

ADDRESS _____

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

MENU

FOODS _____

DRINKS _____

SOURCES _____

FACILITIES AND EQUIPMENT

PREPARATION AND STORAGE FACILITIES _____

FOOD SERVING FACILITIES _____

CLEAN-UP FACILITIES _____

EQUIPMENT AND UTENSILS _____

COMMENTS _____

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

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

I/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 ADDRESS _____

Office Use Only

- Permit to be issued after passing inspection
- Permit to be mailed prior to event
- Permit to be picked up on or after _____ (date/time)

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FOR OFFICE USE ONLY:

DATE OF APPLICATION (TODAY'S DATE) _____

NAME OF ESTABLISHMENT _____ (STAND SPONSOR)

OWNER OR OPERATED BY _____ (PREPARER OR COOK)

ADDRESS _____ (HOME ADDRESS OF PREPARER OR COOK)

OPERATING LOCATION(S), DATE(S) AND TIME(S) (NAME OF EVENT(S) I.E. WHERE YOU HOPE TO SERVE) _____

_____ (DATE(S) AND TIME(S) OF THE EVENTS)

PERMIT # _____

DATE ISSUED ____ / ____ / ____

SANITARIAN: _____

MENU

FOODS (PLEASE INCLUDE ITEMS TO BE PREPARED AND SERVED, e.g. TACOS, ITALIAN BEEF, HOT DOGS, HAMBURGERS, CAKES, COOKIES, COTTON CANDY, ETC. / PRE-PACKAGED OR PREPARED ON SITE) _____

DRINKS (e.g. ICED TEA, PEPSI, COKE, LEMONADE, COFFEE, ETC.) _____

SOURCES (e.g. COUNTY MARKET, SAVE-A-LOT, ALDI'S, WAL-MART/ NO HOME CANNED OR PREPARED FOODS, _____

FACILITIES AND EQUIPMENT

PREPARATION AND STORAGE FACILITIES _____ (e.g. WOODEN STAND, CONCESSION TRAILER, COMMERCIAL FACILITY / NAME, ETC.)

FOOD SERVING FACILITIES _____ (e.g. SINGLE SERVICE CUPS, PLATES, UTENSILS, ETC.)

CLEAN-UP FACILITIES _____ (e.g. HANDWASHING FACILITY (SOAP, WATER, DISPOSABLE TOWELS), BLEACH WATER FOR WIPING CLOTHS, WHERE WILL EQUIPMENT BE CLEANED AFTER USE?)

EQUIPMENT AND UTENSILS _____ (e.g. REFRIGERATOR, FREEZER, DURABLE COOLER WITH DRAIN, CROCK POT, GRILL, ICE SCOOP, TONGS, LADLES, TEST KIT FOR SANITIZER, METAL-STEM THERMOMETER, ETC.)

COMMENTS _____ (PLEASE INCLUDE ANY ADDITIONAL INFORMATION PERTAINING TO OPERATION)

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

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PHONE _____ (MUST BE PROVIDED) SIGNED _____ (MUST BE PROVIDED)

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