

**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. **All fees are NON-REFUNDABLE.**

- \$10.00 FEE [Serving only non-potentially hazardous food]
- \$35.00 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 \_\_\_\_\_

