COLES COUNTY HEALTH DEPARTMENT

753 Windsor Road
Charleston, IL 61920

TELEPHONE:
217-348-0530
Fax: 217-348-5322

TEMPORARY FOOD PERMIT APPLICATION

FEES ARE NON-REFUNDABLE

Event Fee.....**$35.00 NON-REFUNDABLE** FEE **Per Event**

- Tax Exempt Organization (e.g. Schools, Churches) $**10.00**
- *Illinois Department of Revenue Tax Exempt Number*: _____
- **$25.00** LATE FEE (NON-REFUNDABLE) IF NOT RECEIVED BY THIS DEPARTMENT 14 DAYS PRIOR TO THE EVENT.
  (* Permit Year is 1 October thru 30 September)
- ***$100.00 Fee for Applications Received the Day of Event***

FOR OFFICE USE ONLY:

DATE OF APPLICATION _____ PERMIT # _____
NAME OF ESTABLISHMENT _____ DATE ISSUED _____/_____/_____
OWNER OR OPERATED BY: (**Individual Name**)_____SANITARIAN:
ADDRESS _____
OPERATING LOCATION, DATE AND TIME_____

NAME OF EVENT

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** _____
EMAIL ADDRESS_____ **OWNER OR REPRESENTATIVE**

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)
- □ Consultation Date:
- □ Fee: _____Ck#_____Cash_____M.O._____Credit Card Trans #_____www.colesco.illinois.gov/cchd/enfFood/

Mail/Fax/Hand Deliver Only. Email Submissions are not accepted.

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9 ***$100.00 Fee for Applications Received the Day of Event***

FOR OFFICE USE ONLY:
PERMIT # _____
DATE ISSUED ____/____/____
SANITARIAN: _____

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)**

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, RULER, ALDI=S, WAL-MART/ NO HOME CANNED OR PREPARED FOODS, FOODS MUST BE FROM APPROVED SOURCES)**

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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EMAIL ADDRESS: (IF ONE IS AVAILABLE) **OWNER OR REPRESENTATIVE**

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