COLES COUNTY HEALTH DEPARTMENT
753 Windsor Road
Charleston, IL 61920 / 217-348-0530/ Fax:217-348-5322

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 not received two weeks prior to 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 _____ PERMIT # _____

NAME OF ESTABLISHMENT _____ DATE ISSUED ____/_____/_____

OWNER OR OPERATED **(Individual Name)** _____ SANITARIAN: _____

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 _____

_____

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_____

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)
- ☐ **Check__ Cash___ M.O.____Credit Card Payment: http://www.colesco.illinois.gov**

Faculty Advisor Information: Name _____Phone#_____E-Mail_____

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825 18th Street
Charleston, IL 61920 217-348-0530

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$10.00 FEE [**Serving only non-potentially hazardous food**]
$35.00 FEE [Preparation and serving of potentially hazardous food]

FOR OFFICE USE ONLY:

DATE OF APPLICATION (**TODAY'S DATE**)_____ PERMIT # _____
NAME OF ESTABLISHMENT (**STAND SPONSOR**) _____ DATE ISSUED __/__/___
OWNER OR OPERATED BY (**PREPARER OR COOK**)_____ SANITARIAN: _____
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 (e.g. PLEASE INCLUDE ITEMS TO BE PREPARED AND SERVED, e.g. TACOS, ITALIAN BEEF, HOTDOGS, HAMBURGERS, CAKES, COOK**IES,** 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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