

**APPLICATION FOR TEMPORARY FOOD
SERVICE ESTABLISHMENT PERMIT**

Person responsible for the proposed temporary food stand operation:

Name: _____

Address: _____ Phone: _____

Organization responsible for the proposed temporary food stand operation:

Name: _____

Address: _____ Phone: _____

Dates: During which the proposed temporary permit is requested:
(When the proposed food stand will be open)

FROM: _____ TO: _____
(Date) (Date)

FROM: _____ TO: _____
(Hours) (Hours)

Location of the Proposed Food Stand:

County _____ Town: _____

Street or Road: _____

Park, Fair, or other occasion: _____

There shall be no food preparation at home. All food shall be prepared either on site or in a central kitchen which is an inspected facility.

Indicate the distance and time for transporting food or beverage to the food service site.

DISTANCE _____ TIME _____

How will food temperatures be maintained during transportation (hot foods hot; cold foods cold)? _____

Indicate the origin of the food/beverages (i.e.: where will the food be purchased or provided from; include labels if possible): _____

Type of food service requested:

Frankfurters (yes or no) _____

Fresh pork _____

Salads (i.e. lettuce) _____

Milk _____

Eggs _____

Hamburgers _____

Fresh poultry _____

Other Salad (specify) _____

Milk products (specify) _____

Egg products (specify if used in another Product) _____

Fruit drinks (specify the ingredients) _____

Ice Tea (Yes/No) _____ Canned Soda (Yes/No) _____

Condiments (Seasons) Yes/No Ketchup _____ Mustard _____ Salt _____ Pepper _____

Potato chips, candy, or other commercially prepared & packaged foods: specify

List any other foods which are to be prepared or served:

Describe the equipment to be used at the event for:

Cold Holding _____

Hot Holding _____

Cooking _____

Method Proposed to refrigerate foods:

Cooling by ice (only for short term use – less than 3 hours) _____

Mechanical refrigeration _____

Other _____

Method Proposed to hold or cook hot foods:

Electric cooking device _____

Grill _____

Other _____

Water Source

On site municipal supply

On-site well

Other _____

How will the waste water be disposed? _____

Handwashing

Plumbed sink

Gravity flow

Other _____

Garbage Disposal

Cans collected on-site

Dumpster

Other _____

Location of central kitchen (i.e. restaurant, church, school, service club, or organization)
**All food and beverage must be prepared on-site or in a licensed food establishment
(Not a domestic one).**

Name: _____ Address: _____

Phone Number: _____

Contact person responsible for the temporary stand: _____
Phone _____

Date on which the central food establishment will be available for inspection before food service begins:

Statement of Applicant: I certify the information in this application is complete and accurate.

Signature of applicant: _____

Date: _____

Temporary Food Permit Application/jmsr/revised 1/7/13

Please return to:
Iroquois County Public Health Department
1001 East Grant Street
Watseka, Illinois 60970