

**TEMPORARY FOOD PERMIT APPLICATION
DOUGLAS COUNTY HEALTH DEPARTMENT**

1250 E. US HWY. 36, TUSCOLA, IL 61953

Phone 217-253-4137 Fax 217-253-3421

Please contact our office if permit is not received within 7 days of event.

- \$20.00 per Temporary Event
- \$50.00 Seasonal in conjunction with 3-6 events
- No fee for non-profit organizations
- Non-profit check here to receive permit via e-mail**

*Application should be received 2 weeks prior to event.
2 weeks from event- \$15 late fee
1 week from event- \$25 late fee*

Establishment/ Organization name: _____ Event Date(s) _____

Event Location: _____
Site Address/City

Does anyone have FSSMC Yes No Name: _____ Certification #: _____
Expiration Date: _____

MENU

Food Serving: _____

Drinks: _____

List where items were purchased from: _____

Where are food items prepared: _____

Tell us how you will keep your food over 135°F for hot holding, and under 41°F for cold holding

FACILITIES & EQUIPMENT – CHECK OFF AND LIST BELOW

Screened/Enclosed Stand Tent Church/Organization Approved Kitchen

Other: _____

How will your product be served? Paper Plates Plastic Silverware Napkins

Other: _____

Clean-up Equipment 3 Compartment Sink Hand Washing Sink or Temporary Station

Bleach and Chemical Test Strips Other: _____

Equipment & Utensils Tongs Gloves/Tissues Electric Roasters Covered Grill

Thermometer Other: _____

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

I/we further agree that a valid permit issued to us by the Douglas County Health Department shall be in our possession & displayed on the premises at all times during operation of this temporary food service establishment.

Signature: _____ Email Address: _____

Print Name: _____ Telephone #: _____

Address: _____ City/State/ZIP: _____