

**TEMPORARY FOOD PERMIT APPLICATION**  
**DOUGLAS COUNTY HEALTH DEPARTMENT**  
**1250 E. US HWY. 36, TUSCOLA, IL 61953**  
Phone 217-253-4137 Fax 217-253-3421

- \$20.00 per Temporary Event
- \$50.00 Seasonal in conjunction with three or more 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. Permit must be obtained prior to setting up food stand or there will be a \$25.00 late fee.*

Establishment/ Organization name: \_\_\_\_\_ Event Date(s) \_\_\_\_\_

Event Location: \_\_\_\_\_

Does anyone have FSSMC  Yes  No Site  Address/City \_\_\_\_\_  
Name: \_\_\_\_\_ Certification #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**MENU**

Food Serving: \_\_\_\_\_

Drinks: \_\_\_\_\_

List where items were purchased from: \_\_\_\_\_

Food items prepared on site: \_\_\_\_\_

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: \_\_\_\_\_