

**CLINTON COUNTY HEALTH DEPARTMENT**

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**APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT**

**Name of Event:** \_\_\_\_\_

Event Address: \_\_\_\_\_ City: \_\_\_\_\_

Sponsored By: \_\_\_\_\_ Sponsor Contact Person & Phone Number: \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_ Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Person in Charge at event: \_\_\_\_\_ Mobile Phone Number for day of event: \_\_\_\_\_

Please indicate if you would like to have your Temporary Food Permit delivered to the event.  Yes (or)  No

Food Preparation Location: \_\_\_\_\_

If food will be transported after preparation, list method of transport: \_\_\_\_\_

Date(s) of Operation: \_\_\_\_\_

Set-up Time: \_\_\_\_\_ Starting Serving Time: \_\_\_\_\_ Ending Serving Time: \_\_\_\_\_

Date(s) of Preparation: \_\_\_\_\_

*If foods will be cooked and cooled before the event, applicant must describe their cooling and reheating procedures:*

\_\_\_\_\_

Method of hand washing available (see back of application): \_\_\_\_\_

Menu Items	Source (where menu items/ingredients are purchased)

**\*\*Food shall be prepared on site or in a facility pre-approved by this Department. Food shall not be prepared in residential kitchen facilities.**

If any Certified Food Service Sanitation Managers (not required) will be present on site, please list their information:

_____	_____	_____
Name	Certificate ID Number	Expiration Date

**PERMIT FEE**

The Temporary Food Permit Fee is \$30.00 for each food service stand for a 2-14 day event (single day events are exempt).

**Make check payable to Clinton County Health Department.**

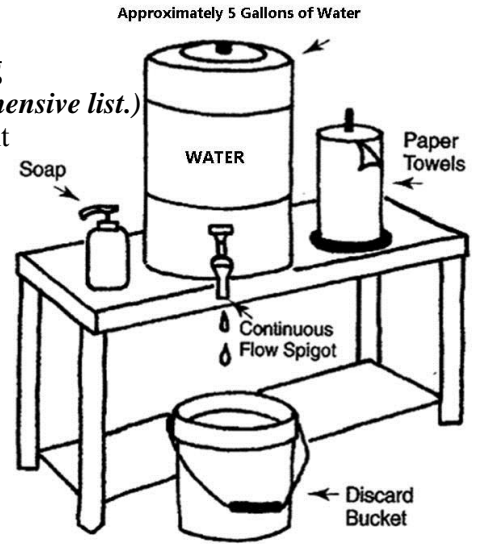
There will be NO charge for non-profit religious, voluntary or community service organizations. Tax Exempt # \_\_\_\_\_

To assure permit processing, please submit permit application and payment at least **3 weeks** before the event. There will be a late fee of **\$15.00** in addition to the permit fee if you are not licensed before the event, as well as required cessation of food service operations until a permit is issued.

**TURN FORM OVER TO COMPLETE →→**

# Temporary Food Event Checklist for Safe Food Handling

(See *Temporary Food Service Guidelines for a comprehensive list.*)  
www.clintonco.illinois.gov/health\_department



**Check each box to verify you have read each action...**

Hand washing facilities – A hand washing station as illustrated or a sink (not in a restroom) will be provided. Either must be within 20 feet of the place where food is being handled. Either must have potable running water, soap in a dispenser, and paper towels. (Note: Portable water supply must have spigot to allow water to flow freely and hands free – no push buttons allowed).

Cold food will be kept at **41 degrees** or less while in storage.  
Describe below how food will be kept cold.

\_\_\_\_\_

Hot food will be kept at **135 degrees** or more after cooking. Describe below how food will be kept hot.

\_\_\_\_\_

A stem thermometer will be available for checking the temperature of hot food and a thermometer will be placed in all cold holding equipment.

Food will only be prepared on-site or at an off-site location approved in advance of the event by the Clinton County Health Department. **There will be no home preparation of food.**

All food preparation, cooking, service, and equipment will be under a tent or roof. The preparation, cooking and service areas will have floors, walls, and the use of fans constructed in a way that prevents the entrance of insects. All mobile units will have screens and/or working air curtains (fans) at all open windows and doors.

Three pans will be provided (or a three compartment sink) to **wash, rinse, and sanitize** food handling utensils and equipment. Utensils and equipment will be air dried. Type of sanitizer to be used: \_\_\_\_\_

A bucket or spray bottles containing sanitizer solution will be provided to sanitize food preparation counters.

Gloves will be worn by all people handling ready-to-eat food. Raw animal food will be stored and handled separately.

I have read the checklist above for safe food handling and agree to implement these practices at the temporary event. Application is hereby made for a Permit to operate a Temporary Food Service Establishment within Clinton County, Illinois. By this Application it is agreed that the vendor will comply with the provisions of the Illinois Food Service Sanitation Code. It is further agreed that said food service establishment shall be open to inspection by the Clinton County Health Department during hours of preparation and operation.

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

***For Office Use Only***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Payment Date      \$15 Late Fee \_\_\_\_      Total \$ \_\_\_\_\_      Check # \_\_\_\_\_      Initials \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Approval Date      \_\_\_\_\_ Environmental Health Programs Manager      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Permit Issued

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Inspection Date      Inspected By, \_\_\_\_\_