Iroquois County Public Health Department

APPLICATION FOR TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT

Person responsible for the proposed temporary food stand operation:

Name: _____ Phone: _____

Address: _____

Organization responsible for the proposed temporary food stand operation:

Name: _____ Phone: _____

Address: _____

Dates and times the proposed food stand will be open:

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

FROM: _____ TO: _____
(Open) (Close)

Location of the Proposed Food Stand:

Street Address: _____

Town and Zip: _____

Park, Fair, or other occasion: _____

There shall be no food preparation at home. All food shall be prepared either on site or in a licensed food establishment.

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)? _____

_____

Where will the food and beverages be purchased from?

_____

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Type of food service requested:

Please list all foods that will be served, including condiments, prepackaged foods, etc.:

_____

_____

Will any foods be hot held? Please specify:

_____

_____

Please list all beverages that will be served: _____

_____

Describe the equipment to be used for:

Cold Holding _____

Hot Holding _____

Cooking _____

Refrigeration method:

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

Mechanical refrigeration _____

Other_____

Hot holding/cooking method:

Electric cooking device _____

Grill _____

Other_____

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Sanitizer:

How will dishes/utensils be cleaned? _____

If washed on site, what type of sanitizer will be used?

☐ Quaternary Ammonia ☐ Chlorine
☐ Other_____

Will there be test strips available to ensure proper sanitizer concentration? _____

If not washed on site, will extra utensils/equipment be available? _____

Water Source: ☐ On site municipal supply ☐ On-site well
☐ Other_____

How will the waste water be disposed of? _____

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)

Name: _____ Phone Number: _____

Address: _____

Contact person responsible for the temporary stand: _____

Contact Person Phone Number: _____

When will establishment be available for inspection before food service begins:

Date: _____ Time: _____

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

Signature of applicant: _____Date: _____

Temporary Food Permit Application/RPW/revised 6/30/2021

Please return to:

Iroquois County Public Health Department
1001 East Grant Street
Watseka, IL 60970