



Henry & Stark County Health Department

4424 US Hwy 34, Kewanee, IL 61443
309-852-0197 -- 309-852-3115
www.henrystarkhealth.com

Received by: _____

Amount Received: _____

Date Received: _____

Public Health
Prevent. Promote. Protect.

Permit # _____

(Office Use Only)

3 – 14 DAY EVENT PERMIT APPLICATION for TEMPORARY FOOD SERVICE OPERATION

Vendors who provide food to the public for three or more consecutive days are required to submit this completed form and the \$35.00 permit fee to the Henry & Stark County Health Departments five (5) days before the event.

Henry County

Stark County

EVENT INFORMATION

Name of Public Event _____

Temporary Retail Food Establishment/Vendor Name		Legal Owner's Name	
Establishment Address (Street, P.O. Box, City, State, Zip)			
Telephone Number:		Cell Phone Number:	
Fax #		E-mail	

ON SITE CONTACT _____ ON SITE PHONE # _____

Start date ____/____/____

Start time ____/____/____

End date ____/____/____

End time ____/____/____

Exact location _____

Event Coordinator _____ Phone _____ E-mail _____

Water source city water private well bottled water

Private water supplies must be tested 30 days prior to the event

Wastewater disposal commissary city sewer other _____

Source of energy electrical connection generator gas/propane

Garbage Disposal: provided by event coordinator dumpster located on-site collect and haul away

Note: Waste water CANNOT be dumped on the ground or into storm drains. Water must be placed in approved receptacle or sanitary sewer. Please find out from event coordinator where this is located for each event.

MENU (List all food items, including toppings and beverages)

Food item	How Served		Made to Order		Off-site Prep		On-site Prep		Describe preparation Method
	Hot	Cold	Yes	No	Yes	No	Yes	No	

OFFSITE FOOD PREPARATION at an **approved facility/commissary** before event (List all food items)

Check which preparation procedure each menu item requires

Food	Thaw	Cut/ Assemble	Cook/ Bake	Cool	Reheat	Cold Holding	Hot Holding
1.							
2.							
3.							
4.							
5.							

Name of commissary/facility _____ Location _____

Contact person _____ Phone number _____

Cooling How will foods be rapidly cooled to 41°F or below? (mark all that apply)

- Shallow pans (less than 4”) in refrigerator or cooler Using an ice bath to cool the food product
 Ice paddle or wand Other (specify) _____

Reheating How will foods be re-heated to at least 165°F ? (mark all that apply)

- Microwave Grill Oven Hotplate Other (specify) _____

Transport Distance that you will be transporting food to the event _____

Equipment used to control temperatures during transport

- Coolers with ice Cambros for cold foods Cambros for hot foods Other (specify) _____

HANDWASHING AND FOOD HANDLING

- I will be serving only prepackaged foods that require no preparation or cooking
 I will be serving foods that require preparation and/or cooking and there is a hard plumbed, fully functional handsink at the site.
 I will be serving foods that require preparation and/or cooking and will provide the following **temporary hand wash set up**: a minimum of 2 gallons of warm potable water in a container with a ‘hands-free’ spigot, soap, paper towels and 5 gallon bucket (minimum) to catch and contain wastewater.

Note: Hand “sanitizers” are NOT an acceptable substitute for a handwashing set up.

How will you prevent bare hand contact with ready-to-eat foods?

Tongs Food-grade disposable gloves Deli tissues Other _____

Food handling at the stand(please attach additional sheets as necessary)

List all menu items, including beverages, to be served from the temporary food booths. Check which food handling procedure each menu item requires at the booth.

Food	Thaw	Cut/ Assemble	Cook/ Bake	Cool	Reheat	Cold Holding	Hot Holding
1.							
2.							
3.							
4.							
5.							

Kind and number of food thermometers to be used (0-220°F)

Metal stem probe _____ Thermocouple _____ Digital _____

Warewashing Equipment:

- Using approved kitchen facility with 3 compartment sink
- Using approved kitchen facility with 2 compartment sink & pan/tub for 3rd sink
- Will provide portable 3 pans/tubs to wash, rinse and sanitize
- Will provide extra utensils/no equipment washing required for operations

Sanitized Wiping Cloth

- Will provide container, cloths and test strips (1 tsp bleach to 1 gallon cold water)

ILLINOIS DEPARTMENT OF PUBLIC HEALTH CERTIFIED MANAGER OR SUPERVISOR

Name	ID#	Certification Date	Expiration Date
------	-----	--------------------	-----------------

Name	ID#	Certification Date	Expiration Date
------	-----	--------------------	-----------------

Signature of Applicant

Date