



Henry & Stark County Health Department

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Received by: _____

Amount Received: _____

Date Received: _____

Paid by: _____

Permit # _____

(Office Use Only)

2 – 14 DAY EVENT PERMIT APPLICATION for TEMPORARY FOOD SERVICE OPERATION

Establishments who provide food to the public for two or more consecutive days (preparation counts as day 1) and to not exceed 14 consecutive days, are required to:

- Submit this completed application and the **\$35.00 permit fee** to the Henry & Stark County Health Departments.
- The permit application and permit fee shall be received by the department **no later than five (5) days before the event or a \$75.00 late payment penalty fee will be applied.**
- Credit card payment is acceptable by calling our office with credit card information.

Henry County

Stark County

EVENT INFORMATION

NAME OF PUBLIC EVENT _____

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

PERSON IN CHARGE - NAME _____ PHONE NUMBER _____

Start date ____/____/____

Start time ____/____/____

End date ____/____/____

End time ____/____/____

Exact location of Event _____

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 and the results shall be submitted to our department with this application

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. Check all that apply, and if necessary, attach a supplemental menu sheet (located on the website).

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

ON-SITE FOOD HANDLING AT THE STAND: List all food items, including beverages, to be served from the temporary food stand. Check which food handling procedure each menu item requires at the stand, and if necessary, attach a supplemental menu sheet (located on the website).

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

Type 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

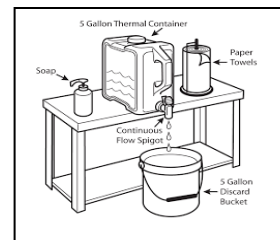
Sanitized Wiping Cloth: Will provide container, cloths and test strips (1 tsp bleach to 1 gallon cold water)

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

- Tongs Food-grade disposable gloves Deli tissues Other _____

HANDWASHING AND FOOD HANDLING:

- I will be serving only prepackaged foods that require no preparation, cooking or bare hand contact (i.e. packaged potato chips, canned soda, etc.)
- I will be serving foods that require preparation and/or cooking and there is an existing hard plumbed, fully functional handsink on site that is supplied with soap, paper towels and a trash receptacle for paper towel disposal.
- I will be serving foods that require preparation and/or cooking and will provide the following **temporary handwash set up for handwashing:** a minimum of 2 gallons of warm potable water that must be filled as needed in a container with a 'hands-free' spigot, soap, paper towels, and a 5 gallon bucket (minimum) to catch and contain wastewater until proper disposal.



Note: Hand "sanitizers" are NOT an acceptable substitute for required handwashing.

OFFSITE FOOD PREPARATION at an **approved facility/commissary** before the event (List all food items).
 Check which preparation procedure each menu item requires, and if necessary, attach a supplemental menu sheet
 (located on the website).

Name of commissary/facility _____ Location _____

Contact person _____ Phone number _____

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

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

- Shallow pans (less than 4") in refrigerator or freezer
 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
 Deep Fat Fryer
 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
 Refrigerated vehicle
 Other (specify) _____

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