

WHITESIDE COUNTY HEALTH DEPARTMENT  
-Environmental Health-  
18929 Lincoln Rd., Morrison, IL 61270-9500  
(815) 772-7411 ext.#104  
Fax (815) 772-4723

<b>OFFICE USE</b> Permit # _____ Date ____/____/____ Reviewed by: _____
--

**APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT**

(PLEASE PRINT. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name Of Group: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Name Of Person In Charge (Must be present during food preparation and service):  
\_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours: \_\_\_\_\_

Where Held: \_\_\_\_\_  
Name of Business/Building Street City Zip

List food and drink items to be offered: \_\_\_\_\_

What type of refrigeration will be utilized? \_\_\_\_\_

Heating units? \_\_\_\_\_

What type of eating utensils/dishware will be used? \_\_\_\_\_ Single-use(disposable) \_\_\_\_\_ Reusable

If reusable, explain what dishwashing procedure will, be utilized \_\_\_\_\_

How will prep area and other food contact surfaces be sanitized? \_\_\_\_\_

How will hand contact with ready-to-eat foods be minimized? \_\_\_\_\_

What type of handwash facility will be available? \_\_\_\_\_

Fee Schedule: Profit-making organization \$40.00 \_\_\_\_\_ Non-profit organization \$0.00 \_\_\_\_\_

**Compliance Agreement**

I understand that the Health Department reserves the right to inspect the site for violations. I have read, and understand the Guidelines for Temporary Food Service. I agree to prepare all potentially hazardous foods at event site on the day of the event, or acquire prepared foods from an approved source. I understand that this permit is not transferable to another person or location. I also understand that failure to comply with these guidelines could result in permit revocation and jeopardize future requests for Temporary Food Permits.

Signature of person in charge: \_\_\_\_\_