

WHITESIDE COUNTY HEALTH DEPARTMENT
-Environmental Health-
18929 Lincoln Rd., Morrison, IL 61270-9500
(815) 772-7411 ext.#23
Fax (815) 772-4723

OFFICE USE Permit # _____ Date ____/____/____ Reviewed by: _____
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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 \$35.00 _____ 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: _____