



JO DAVIESS COUNTY HEALTH DEPARTMENT

9483 US RT. 20 WEST • P. O. BOX 318 • GALENA, ILLINOIS 61036 • (815) 777-0263

Public Health
Prevent. Promote. Protect.

Application for a Temporary Food Permit

This permit is valid for a single vendor at a fixed location for no more than 14 consecutive days in conjunction with a single event or celebration. A \$20 fee applies to each permit. A maximum of 6 temporary event permits may be issued to a person or organization per license year. Incomplete applications will be returned.

| | | | |
|--|-------------------------|----------------------|-------|
| NAME OF ORGANIZATION/INDIVIDUAL/RESTAURANT APPLYING FOR THIS PERMIT | | | |
| CONTACT NAME | CONTACT PHONE | CONTACT EMAIL | |
| ADDRESS OF ORGANIZATION/INDIVIDUAL/RESTAURANT APPLYING FOR THIS PERMIT | | CITY | STATE |
| | | | ZIP |
| CERTIFIED FOOD PROTECTION MANAGER (FOR CATEGORY I)* | CFPM CERTIFICATE NUMBER | CFPM EXPIRATION DATE | |
| EVENT NAME | EVENT LOCATION | | |
| EVENT DATE(S) | EVENT HOURS | | |

MENU AND PROCEDURE REVIEW

Please list all food and beverage items that will be prepared, sold, or given away.

| MENU ITEM | SUPPLIER INFORMATION | ITEM PREPARATION DESCRIPTION (Commercially prepared, prepared onsite, prepared offsite, reheated, from raw ingredients, prepackaged, etc.) |
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No home prepared foods are allowed. All food items must be prepared onsite or in an inspected facility. If foods are to be prepared offsite, provide the following information about the licensed establishment:

| | |
|--------------------------|--|
| NAME OF ESTABLISHMENT | LICENSE HOLDER NAME |
| ADDRESS OF ESTABLISHMENT | ESTABLISHMENT PHONE NUMBER |
| COUNTY | IF ESTABLISHMENT IS LICENSED OUTSIDE OF JO DAVIESS COUNTY, INCLUDE A COPY OF THE MOST RECENT HEALTH INSPECTION (REQUIRED) |

Answer the following questions about what food storage, preparation, equipment will be provided at your booth.

| Where will your booth be located? | Indoor | Outdoor |
|--|--------|---------|
| Water Source | Public | Private |
| Sewage Disposal | Public | Private |
| | Yes | N/A |
| Approved transportation equipment for hot and cold foods | | |
| Cold foods will be held below 41° | | |
| Hot foods will be held above 135° | | |
| Precooked TCS foods will be rapidly heated to 165° or higher (no heat lamp or Crockpot) | | |
| Accurate probe thermometer will be provided and conspicuous | | |
| Separate warming units will be provided for each type of food held in hot storage | | |
| Racks or pallets will be used to store all food and paper goods off the ground | | |
| Disposable utensils for patrons will be individually wrapped or otherwise protected | | |
| Dispensers will be used for condiments (i.e. prepackaged, squeeze bottles, or hinged lid containers) | | |
| Handwashing facilities with paper towels and liquid hand soap provided (gravity-fed container with hands free tap and a bucket to catch waste water, self-contained portable unit, plumbed with hot and cold water under pressure) | | |
| Clean clothes and hair restraints required for workers. Hands will be washed. Personnel with infections will be restricted from food preparation and service. | | |
| Additional clean, wrapped cooking utensils available | | |
| Wash, rinse, and sanitize containers that are large enough to hold soiled utensils provided | | |
| Adequate measures will be taken to minimize hand contact with food (gloves, tongs, deli tissue, etc.) | | |
| Cleaning supplies available(dish soap, sanitizer, sanitizer test strips, brooms, trash bags, garbage cans, wiping cloths and sanitizer buckets) | | |
| Flooring and overhead cover will be provided (asphalt, concrete, wood, canvas) and adequate measures will be taken to control insects | | |

I understand that the Jo Daviess County Health Department reserves the right to inspect the site for compliance with code requirements. I have read and understand the Temporary Food Service Guidelines and have completed this application to the best of my knowledge. I understand that this permit is not transferable to another person or location. I understand that failure to comply with these guidelines could result in permit revocation and jeopardize future requests for temporary food permits.

Applicant Signature: _____ Date: _____

Applicant Name (print): _____

Applicant must be the CFPM for a Category I Temporary Food Establishment.

*A Category I Temporary Food Establishment serves foods with extensive or complicated preparation, high risk foods, or high risk operations, such as ribs, chili, pig roasts, or barbeques.

A Category II Temporary Food Establishment is encouraged but not required to have a certified food protection manager present. A Category II Temporary Food Establishment serves foods with limited preparation or handling, such as hot dogs, hamburgers, or foods prepackaged in individual portions by a licensed food establishment.

Sanitarian Approval: _____ Date: _____

Category I _____ Category II _____

Permit # _____ Issued _____ Pd. _____