



**Public Health**  
Prevent. Promote. Protect.

Knox County Health Department

**Knox County Health Department**  
1361 West Fremont Street  
Galesburg, IL 61401  
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F: (309) 344-5049  
www.knoxcountyhealth.org

**For Office Use Only**

Permit #: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_  
Issued on: \_\_\_\_\_ Expires on: \_\_\_\_\_  
Approved by: \_\_\_\_\_  
 (1 Day) No Charge       Cash (Amt): \$ \_\_\_\_\_  
 Check: # \_\_\_\_\_ \$ \_\_\_\_\_       Late

**TEMPORARY FOOD SERVICE APPLICATION**

As stated in Article II, Section D of the Knox County Health Ordinance, the undersigned applies for a permit to operate a temporary food service establishment in Knox County. Application for a permit must include **an application fee of \$45.00 for events 2-7 days. The permit fee is waived for single day events.** A late fee of \$20.00 will be applied to **ALL** permits submitted less than 2 business days prior to the event to the Knox County Health Department.

Name of Organization/Food Stand: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Contact Mailing Address: \_\_\_\_\_

Event: \_\_\_\_\_ Stand Location: \_\_\_\_\_

Email: \_\_\_\_\_

Date & Time Food **PREPARED**: \_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_:\_\_\_\_)  
Month Day Year HH:MM

Date & Time Food Will Be **SERVED**: \_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_:\_\_\_\_) to \_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_:\_\_\_\_)  
Month Day Year HH:MM Month Day Year HH:MM

**Food Items Distributed or Sold During Event**

Food (Common Name)	Source (Purchased From)	Preparation (Where)

Will heating/hot holding equipment be available?  Yes  No  N/A Specify: \_\_\_\_\_  
[All potentially hazardous foods shall be maintained at an internal temperature of 135°F or above]

Will refrigeration/cold holding equipment be available?  Yes  No  N/A Specify: \_\_\_\_\_  
[All potentially hazardous foods shall be maintained at an internal temperature of 41°F or below]

Source of Water:  Public  Private  
[Please dispose wastewater appropriately]

Single service dishes and utensils protected from contamination?  Yes  No  
[Single service dishes and utensils must be used and be protected from contamination.]

Are 3 compartment sinks (or basins) for washing, rinsing, and sanitizing available?  Yes  No  
[All service utensils, pots, pans, and food contact surfaces must have the ability to be cleaned on site.]

Are there hand washing facilities available?  Yes  No  
[Minimum requirements for hand washing station include: clean water, basin, soap, and paper towels.]

I certify that the above information is accurate and that I have read and agree to abide by the Knox County Health Department Temporary Food Service Guidelines and all applicable ordinances and state laws.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return completed application (complete carbon copy form, unless printed) to Health Department. **This permit is not valid until signed and numbered by Health Department personnel.** This permit is only valid for dates indicated and is not transferable to another person, location or event.

INSPECTION COMMENTS / TEMPERATURES	CORRECTED BY
Follow all temporary food permit guidelines.	