



Public Health
Prevent. Promote. Protect.

Knox County Health Department

Knox County Health Department
1361 West Fremont Street
Galesburg, IL 61401
P: (309) 344-2224
F: (309) 344-5049
www.knoxcountyhealth.org

For Office Use Only

Permit #: _____	Date Rec'd: _____
Issued on: _____	Expires on: _____
Approved by: _____	
<input type="checkbox"/> (1 Day) No Charge	<input type="checkbox"/> Cash (Amt): \$ _____
<input type="checkbox"/> Check: # _____ \$ _____	<input type="checkbox"/> 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 2-14 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