



<b>FOR OFFICE USE ONLY</b>	
<b>FEE PAID</b>	_____
<b>PERMIT #</b>	_____

## Temporary Food Stand Application

Name of Event: \_\_\_\_\_

Location (Address of Event): \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Hours of Event: \_\_\_\_\_

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

Food Stand Licensee/Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address (City, State, ZIP): \_\_\_\_\_

Email: \_\_\_\_\_ On-Site Contact Phone: \_\_\_\_\_

**Food and/or Beverages to Be Served** (if additional space is needed, please attach additional sheet)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Source of food and/or beverages: \_\_\_\_\_

Serving Time: \_\_\_\_\_ What time will you be ready for inspection and licensure? \_\_\_\_\_

Food prepared on site?..... ☐ Yes ☐ No, where? \_\_\_\_\_

(Home Prepared Foods Are Not Allowed)

Electrical service at site?... ☐ Yes ☐ No

Source of water?... ☐ City Water Supply ☐ Commercially Bottled ☐ Well (if checked, include current sample results)

Method for heating hot water for handwashing and 3 compartment set up: \_\_\_\_\_

Type of sanitizer used?..... ☐ Bleach..... ☐ Quat..... ☐ Other \_\_\_\_\_

Sanitizer test strips available? ☐ Yes ☐ No

Are proper backflow prevention devices in place?..... ☐ Yes ☐ No

Are food grade hoses being used?..... ☐ Yes ☐ No ☐ N/A

Submitted Temporary Establishment Layout/Diagram? (may be drawn on back side in box) ☐ Yes ☐ No ☐ N/A

Are you a non-profit organization? (submit copy of Illinois Tax Exemption Certificate) ☐ Yes ☐ No

Name of Event Coordinator: \_\_\_\_\_ Phone # \_\_\_\_\_

**Form continued on other side...**

## Temporary Establishment Layout/Diagram

**Note:** Include all hand washing stations, mechanical refrigeration, hot holding area, cooking area, ware washing area, and any other equipment.

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### *License Requirement*

It is unlawful for any person to operate a temporary establishment who does not possess a valid license issued by the LaSalle County Health Department. This license is not transferable from person to person and it is valid only in the location for which it was issued.

*A valid license must be posted in the stand in a location visible to customers .*

License Fees: 2 - 14 Day Event = \$60.00 Payments can also be made online at [www.lasallecountyil.gov](http://www.lasallecountyil.gov). Under Departments, click on Health Dept. Select the "Click to Pay Now" link. Search for LaSalle County Health Dept and click "Pay this Destination". Enter your information. For fee type, please select Temp Food Permit. A service fee will be assessed when using a credit or debit card. Please submit at least seven (7) business days prior to the event.

**\* ALL FEES ARE NON-REFUNDABLE \***

A completed application must be submitted in order to process your temporary establishment application.

**I affirm that the information above is true to the best of my knowledge.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

**Office Use Only** Temp License # \_\_\_\_\_ Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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