



FOR OFFICE USE ONLY	
FEE PAID	_____
PERMIT #	_____

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. 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: _____