



Application for Temporary Food Service License

McDonough County Health Department, 505 E. Jackson, Macomb, IL 61455

___ \$60.00 Fee Enclosed (in conjunction with two or more events per calendar year)

___ \$40.00 Fee Enclosed (in conjunction with one event per calendar year)

Establishment or Organization Name _____

Contact Person _____ Email _____

Mailing Address _____ City _____

State _____ Zip Code _____ Telephone: _____

Food Items Served _____

Dates of Operation _____

Location of Operation _____

Certified Food Manager and Certificate # _____

Total Operating Schedule (must include preparation time) _____

Type of Operation: Tent _____ Mobile Unit _____ Open Air _____ Other _____

Source of Water: Bottled _____ Private Well _____ Municipal _____

Wastewater Disposal: Sanitary _____ Holding Tank _____ Commissary _____

Temporary Food Service Rules and Regulations have been provided to me and/or my designated representative. I understand that food service sanitation inspections will be conducted in accordance with the Temporary Food Service Establishment Guidelines. I understand that no food may be prepared off-site. All food must be prepared on site at the event, and no cooling or re-heating may occur.

Applicant's Signature _____ Date: _____