



## Application for Temporary Food Service License

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

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\$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)

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Establishment or Organization Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone: \_\_\_\_\_

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Food Items Served \_\_\_\_\_

Dates of Operation \_\_\_\_\_

Location of Operation \_\_\_\_\_

Certified Food Manager and Certificate # \_\_\_\_\_

Total Operating Schedule (must include preparation time) \_\_\_\_\_

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Type of Operation: Tent \_\_\_\_\_ Mobile Unit \_\_\_\_\_ Open Air \_\_\_\_\_ Other \_\_\_\_\_

Source of Water: Bottled \_\_\_\_\_ Private Well \_\_\_\_\_ Municipal \_\_\_\_\_

Wastewater Disposal: Sanitary \_\_\_\_\_ Holding Tank \_\_\_\_\_ Commissary \_\_\_\_\_

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***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: \_\_\_\_\_