



## Temporary Registration of Food Facility

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

(For food operation not to exceed one day between January 1 through June 30 **and/or** one day between July 1, through December 31.)

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

Contact Person(s) \_\_\_\_\_ Email \_\_\_\_\_

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

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

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

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

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

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

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

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 \_\_\_\_\_