



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 _____