Office Use Only:
Date Rec'd:
Date Approved:
Fee Rec'd:

EGYPTIAN HEALTH DEPARTMENT TEMPORARY FOOD STAND PERMIT APPLICATION

\$50.00 per stand

Business Name:							
Name of Operato	or:						
Mailing Address:							
Phone Number: _	(Street)		Email:		(State)	(Zip Code)	
List each fair/event you will be attending in Saline, White or Gallatin counties: (Attach another sheet/page if more space is needed)							
Event	Date(s)		Location		ıp Date	Hours of Operation	
MENU-(Include ice/water; Attach another sheet/page if more space is needed)							
All Food Items Served to Public		Food Source		ce	Location/How will food be prepared		
Example: Hamburgers		Sam's Club			Cooked on grill to 155 F on site		
					1		

1412 US 45 N Eldorado, IL 62930 618-273-3326 1705 College Ave Carmi, IL 62821 618-382-7311 112 E. Main St., P.O. Box 181 Ridgway, IL 62984 618-272-5751

FACILITY & EQUIPMENT Sketch the proposed facility layout below. Type of Facility: Screened/Enclosed Stand Tent Trailer Other: Clean-up: 3 Compartment Sink Hand washing Sink or Temporary Station Bleach & Chemical Test Strips Other: _____ Utensils/Service: Tongs Hot/Cold Food Holding Gloves/Tissues Fryer(s) Electric Roasters Covered Grill Ice Scoop(s) Thermometer(s) Other: _____ Food Sanitation Certificate Holder(s): Name: _____ Certificate #/State: _____ Exp. Date: _____ Name: _____ Certificate #/State: _____ Exp. Date: ANY LEFTOVER, POTENTIALLY HAZARDOUS FOOD FROM THE PREVIOUS DAY OR POTENTIALLY HAZARDOUS FOOD HAVING TEMPERATURES BETWEEN 41°F AND 135° F WILL BE DISCARDED. By signing this application, I agree to comply with the provisions of the Basic Sanitation Standards applicable to this type of food handling establishment and that said establishment will be open to inspection by the Egyptian Health Department during all operation hours. It is further agreed that a valid permit issued by the Egyptian Health Department will be displayed on the premises at all times during operation. Sign____ Date Payment by credit card (Visa/Master Card Only): \$50.00 due per stand Credit Card Number _____ ______Exp. Date _____ Name on Card Zip of Billing Address _____ Phone Number____

Signature _____