**Hancock County Health Department**



Division of Environmental Health

671 Wabash Avenue ~ Carthage, Illinois 62321

(217) 357-2171 ~ Email: jessicacroy@hchd1.org

 **2024 APPLICATION FOR**

**TEMPORARY FOOD SERVICE PERMIT**

Name of Organization/Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates food will be served:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What types of foods will be served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Well (include test results)
* Commercially Bottled
* Public

Type of water supply:

Method for heating water: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Below is a list of important food safety activities that must be practiced before/during your event. Please indicate if

 these actions will be followed during your event. For additional information please review the Temporary Food

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| Yes | No | N/A |
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Service Regulations.

* Handwashing station must be set up at location (water, pan to catch gray water, soap, papertowels.
* 3 well-sink or 3 large tubs for a WASH, RINSE, SANITIZE station to clean dishes, utensils.
* Bucket with water/appropriate amount of sanitizer (ex. Bleach)/rag or a spray bottle & paper towels to clean food preparation and non-food contact areas
* Food, ice, beverages obtained from an approved source (store).
* All food must be prepared on-site **OR** in a licensed and inspected kitchen .

(home-made brownies, cookies, cakes & other non-temperature controlled desserts are acceptable).

No temperature controlled foods are acceptable (cream, meringue, custard filled, salads, etc.).

* Adequate refrigeration units/coolers, cold holding units, ice used to cool, etc.
* Adequate heating units and hot holding units.
* Food/supplies protected while prepared/displayed (must be stored at least 6 inches off the floor/ground).
* Single service cups, plates, bowls and utensils used.
* Meat must be cooked to the required temperatures depending on the type of meat. Other foods must be cooked to at least 165’. Meat and other foods can be held at 135’.
* Thermometers available to check temperatures of food often.
* Food that is prepared one day can only be served that same day not served a second day.
* Workers will wash their hands properly after a change in task.
* Disposable gloves will be used when there is hand/food contact.
* A Food Sanitarian may inspect the temporary event while in operation.

**F E E S**

\_\_\_\_ **$15 Single event fee** (If you are planning on participating in less than 5 single events this year

it is recommended to pay a single event fee for each event you participate in. \* \* \* *For each event you participate in you* ***MUST*** *fill out a* **TEMPORARY PERMIT**

\_\_\_\_ **$75 Multiple events fee** (If you are planning on participating in more than 6 single events this year

it is recommended to pay a multiple event fee.) . For each event you participate in you MUST fill out an **APPLICATION FOR TEMPORARY PERMIT.** In Hancock County you may participate in a maximum of 10 temporary events during the year. Each event can last up to 14 days.

\_\_\_\_ **Tax Exempt** Fee is waived if YOUR tax exempt # is provided on this application. If YOUR tax exempt # IS NOT provided you will be asked to pay the fee. Tax exempt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**

**FEES**

**Fee paid \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_**

**Check # \_\_\_\_\_\_ OR Cash \_\_\_\_\_\_\_**

**NOTES**

**Temp Permit Regulations**

**Mailed Emailed Website Delivered**

**TEMP PERMIT ISSUED \_\_\_**

This permit is not valid until signed by Health Department personnel. This permit is only valid for dates indicate and is not transferable to another person, location, or event.