



Jersey County Health Department

1307 State Hwy. 109
Jerseyville, Illinois 62052
Equal Opportunity Employer

Phone: 618-498-9565
FAX: 618-498-6291
Website: www.jerseycountyhealth.org

Temporary Food Establishment Permit Application

Applying for:

- ☐ 1-2 Day Temporary Event- **No fee required. Must complete application.**
- ☐ 3 or more Day Temporary Event (not to exceed 14 days)- **\$50.00- Must complete application.**
- ☐ Multiple Temporary Events (1 calendar year)- **\$75.00- Must complete application.**
- ☐ Holds an annual Jersey County Food Service Sanitation Permit and wants to be a vendor at a temporary event- **No fee required must obtain approval from Health Department.**
- ☐ Not- for- profit organization (**No fee required. Must provide a tax-exempt number.**) Tax Exempt Number: _____

Name of Establishment/Vendor: _____

Person in Charge: _____

Mailing Address: _____
(P.O. Box/Street) (City) (State) (Zip)

Contact Phone Numbers: _____

E-mail: _____

Certified Food Protection Manager

Certificate Holder: _____

Certificate Holder: _____

Certificate Number & Expiration Date: _____

Certificate Number & Expiration Date: _____

Event Details (Please include additional events on back):

Name of Event: _____

Date(s) of Event: _____

Location of Event: _____

Name of Event: _____

Date(s) of Event: _____

Location of Event: _____

How will the potable water be provided and heated?

How will wastewater be disposed of?

What type of equipment will be used to maintain food at 135 F and higher?

What type of equipment will be used to maintain food at 41 F and below?

What type of equipment will be used to cook time/temperature-controlled foods?

What type of equipment will be used for hot holding time/temperature-controlled foods?

What type of sanitizer will be used?

What will be the source for ice used?

What food items will be prepared and served? *(Include menu if able)*

All food and food supplies must be from an approved source. Please list your sources/suppliers:

How will you prevent bare hand contact with ready to eat foods? Check all that apply.

- ☐ Single use Disposable Gloves
- ☐ Scoops
- ☐ Deli Wax Paper
- ☐ Tongs
- ☐ Spoons
- ☐ Other: _____

Please initial the following:

_____ I affirm that the above information is true to the best of my knowledge and belief.

_____ I have received a copy of the Jersey County Health Department's Temporary Food Service Guidelines and fully understand that failure to abide by these guidelines may result in interruption of service and/or destruction of time/temperature controlled foods.

_____ I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this license and the operation of this business.

Applicant's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

(OFFICIAL USE ONLY)

Date Received: _____ Amount Paid: _____ Check # or Cash: _____

Approved By: _____ Date: _____

Permit No. _____ Date of Permit Issuance: _____