



Ford County Public Health Department  
235 North Taft Street  
Paxton, Illinois 60957  
Phone: (217)379-9281 Fax: (217)379-2802

**APPLICATION FOR TEMPORARY (1 Day - 14 Days)FOOD SERVICE ESTABLISHMENT PERMIT**

**Person responsible for the proposed temporary food stand operation:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Organization responsible for the proposed temporary food stand operation:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Permits and Fees**

1 Day Permit (\$50)     2-14 Day Permit (\$75)     Non-Profit Organization (Fee Waived)

**Dates:** During which the proposed temporary permit is requested: (dates the food stand will be open)

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(Date) (Date)

Date Available for Inspection: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(Hours) (Hours)

**Location of the Proposed Food Stand:**

Address/Street/Town: \_\_\_\_\_

Park, Fair, or other occasion: \_\_\_\_\_

There shall be no food preparation at home. All food shall be prepared either on site or in a central kitchen which is an inspected facility.

Indicate the distance and time for transporting food or beverage to the food service site.

DISTANCE \_\_\_\_\_ TIME \_\_\_\_\_

How will food temperatures be maintained during transportation (hot foods hot; cold foods cold)?

Indicate the origin of the food/beverages (i.e.: where will the food be purchased or provided from; include labels if possible): \_\_\_\_\_

**Type of food service requested:**

Frankfurters (yes or no) \_\_\_\_\_

Fresh pork \_\_\_\_\_

Salads (i.e. lettuce) \_\_\_\_\_

Milk \_\_\_\_\_

Eggs \_\_\_\_\_

Hamburgers \_\_\_\_\_

Fresh poultry \_\_\_\_\_

Other Salad (specify) \_\_\_\_\_

Milk products (specify) \_\_\_\_\_

Egg products (specify if used in another Product) \_\_\_\_\_

Fruit drinks (specify the ingredients) \_\_\_\_\_

Ice Tea: Yes No Canned Soda: Yes No

Condiments (Seasons) Yes/No Ketchup \_\_\_\_\_ Mustard \_\_\_\_\_ Salt \_\_\_\_\_ Pepper \_\_\_\_\_

Potato chips, candy, or other commercially prepared & packaged foods: specify

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

List any other foods which are to be prepared or served:

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

Describe the equipment to be used at the event for:

Cold Holding \_\_\_\_\_  
Hot Holding \_\_\_\_\_  
Cooking \_\_\_\_\_

Method Proposed to refrigerate foods:

Cooling by ice (only for short term use – less than 3 hours) \_\_\_\_\_  
Mechanical refrigeration \_\_\_\_\_  
Other \_\_\_\_\_

Method Proposed to hold or cook hot foods:

Electric cooking device \_\_\_\_\_  
Grill \_\_\_\_\_  
Other \_\_\_\_\_

**Water Source**       On site municipal supply       On-site well  
    Other \_\_\_\_\_

How will the waste water be disposed? \_\_\_\_\_

**Handwashing**       Plumbed sink       Gravity flow  
    Other \_\_\_\_\_

**Garbage Disposal**       Cans collected on-site       Dumpster  
    Other \_\_\_\_\_

**Location of central kitchen** (i.e. restaurant, church, school, service club, or organization)

**All food and beverage must be prepared on-site or in a licensed food establishment (Not a domestic one).**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Statement of Applicant:** I certify the information in this application is complete and accurate.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application with payment to:  
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