Ford County Public Health Department
1500 W Ottawa
P.O. Box 9
Paxton, Illinois 60957
Phone: (217)379-9281 Fax: (217)379-2802

APPLICATION FOR SEASONAL (15 days – 6months) FOOD SERVICE ESTABLISHMENT PERMIT

Person responsible for the seasonal food stand operation:

Name: _____

Address: _____ Phone: _____

Email: _____ Fax: _____

Seasonal food stand information:

Establishment Name:_____

Address: _____ Phone: _____

Email: _____ Fax: _____

Type of Establishment

☐ Ice Cream Stand ☐ Concession Stand ☐ Mobile Unit ☐ Other: Explain _____

Permits and Fees

☐ Seasonal Establishment Operating 15 Day to 6 months ($125) ☐ Non-Profit Organization (Fee Waived)

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

FROM: _____ TO: _____
(Date) (Date)

FROM: _____ TO: _____
(Hours) (Hours)

Ford County Location of the Seasonal Food Stand:

Address/Town:_____

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) _____ Hamburgers _____
Fresh pork _____ Fresh poultry _____
Salads (i.e. lettuce) _____ Other Salad (specify) _____
Milk _____ Milk products (specify) _____
Eggs _____ Egg products (specify if used in another
Other _____ Product) _____
Fruit drinks (specify the ingredients) _____
Ice Tea (Yes/No) Canned Soda (Yes/No)

Condiments: 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:

Cold Holding_____

Hot Holding_____

Cooking_____

Method Proposed to refrigerate foods:

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_____

Certified Food Handler Information

Certified Food Manager (CFM) on duty during all hours of operation? ☐ Yes ☐ No Number of CFM? _____

CFM Name	Certificate No.	Expiration Date
_____	_____	_____
_____	_____	_____

Preparation or service of food requires at least one State of Illinois Certified Manager who is the supervisor of food preparation. Preparation or service of food requiring more than four hours before service, requiring extensive or complicated steps in food preparation, or the presence of hazardous conditions, requires a certified manager on each shift. Each certified manager's state certificate must be posted at the establishment in order to be valid, and is only valid for that establishment. If the certificate was lost a replacement can be requested from the state. A certified manager must be a person who is routinely present during food preparation operations.

This application is valid for the permit type specified and for the business name and owner(s) listed. The applicant's signature verifies that this submitted application is accurate.

APPLICANT'S SIGNATURE _____ DATE:_____

Please return completed application with payment to:
Ford County Public Health Department
1500 W. Ottawa
P.O. Box 9
Paxton, Illinois 60957

For Department Use Only

Establishment Name:_____

Address: _____ Phone: _____

Permit No. _____ Permit Expires: _____ Permit Sent:_____

Signature: _____
