



Ford County Public Health Department

235 North Taft Street

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) \_\_\_\_\_

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

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

Milk \_\_\_\_\_

Eggs \_\_\_\_\_

Other \_\_\_\_\_

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: 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  
235 North Taft Street  
Paxton, Illinois 60957

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**For Department Use Only**

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

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

Permit No. \_\_\_\_\_ Permit Expires: \_\_\_\_\_ Permit Sent: \_\_\_\_\_

Signature: \_\_\_\_\_

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