



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

Responsible for the proposed temporary food stand operation:

Name: _____

Address: _____ Phone: _____

Organizaiton/Business Name: _____

Business 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:
Ford County Public Health Department
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