Temporary Food Service Application

As prescribed in the Madison County Food Sanitation Ordinance, the undersigned makes application for a permit to operate a temporary food service establishment in Madison County, State of Illinois.

Name of Food Stand/Organization: ______________________________________________________

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

Person in Charge of Food Stand: ______________________________________________________

Daytime Phone: ___________________________ E-mail address: __________________________

List Events where you intend to operate in Madison County this year. Use back of paper if necessary.

<table>
<thead>
<tr>
<th>Event Name(s)</th>
<th>Date of Event</th>
<th>City</th>
<th>Event Start Time</th>
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Total number of Temporary Events you are applying for on this application form: __________

List all food items being served in your food stand (use additional paper if necessary):

<table>
<thead>
<tr>
<th>Name of Food Item</th>
<th>Item Purchased From</th>
<th>Is Item Pre-Cooked</th>
<th>Food Item Is Cooked (check one of the following)</th>
<th>Off-Site (list location)</th>
<th>Not Applicable</th>
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<td>Yes</td>
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** Potentially hazardous food having temperatures between 41° F and 135° F shall be destroyed**

*Form continued on other side....*
What type of sanitizer is used? □ Bleach □ Quat □ Other:_____________________________________

Are sanitizer test strips available? □ Yes □ No

Describe the procedures and equipment used to keep cold food items at 41° F or below:
(example - using coolers filled with ice to cover and bury pre-cooked hotdog packages)

________________________________________________________________________________________

Describe the procedures and equipment used to keep hot food items at 135° F or above:
(example - using a grill to heat pre-cooked hotdogs and hot-holding hotdogs in a roaster)

_______________________________________________________________________________________

Describe your handwashing station set-up in your food stand: ______________________________________

_______________________________________________________________________________________

Describe your 3-compartment sink (wash, rinse, sanitize) set-up in your food stand: __________________________

_______________________________________________________________________________________

☐ I have read and agree to abide by the Madison County Temporary Food Service Guidelines.

☐ I understand that if provisions of the aforementioned Ordinance are not met, a Temporary Food Service Permit will not be issued to operate at a Temporary Event.

CHECK ONE:
☐ Temporary Permit Fee (per event) $75.00 X ________ (total # of events) = $____________ total enclosed
☐ Temporary Permit Fee including Late Fee (48 hours before event)*............................................$150.00
☐ Organization/owner holds annual Madison County Food Service Sanitation Permit (fee is waived)
   Annual Permit Number: 119-__________ Note: A Temporary Permit IS required for Annual permit holders

* A $75.00 late fee will be assessed if the completed application form and appropriate fee
is not received by this department 48 hours prior to the event.

If you wish to pay by credit card, you may submit this application form and all required attachments to:
accounts@co.madison.il.us . If you have any questions regarding billing, please call: (618) 296-6074

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

Applicant Signature: ___________________________________________ Date:______________________________

Please return completed application form and fee to the Health Department at least 14 days prior to the event