



21306 IL Route 9, Tremont, IL 61568
(309) 925-5511 – Phone ; (309) 925-4100 - Fax

OFFICE USE ONLY

Assigned to: _____

Date Called: _____

Notes: _____

High Risk Process: _____

Supplement Given: _____

PAID: Amt.: _____ Date: _____

**APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT
CERTIFICATE OF COMPLIANCE
APPLICATION WILL NOT BE ACCEPTED IF NOT COMPLETE**

Name of Stand: _____

Name of Event (if applicable): _____

Location of Food Service: Address: _____ City: _____

Date(s) & Time(s) of Food Service: _____

Location of Food Preparation (if different from above): _____

Date(s) & Time(s) of Food Preparation: _____

Food Source/Purchased From: _____

LIST FOODS BEING SERVED

Name, address, and phone number of operator(s). **A phone number must be included so that we may contact you prior to the event. Please provide a number where you may be reached during daytime working hours.**

Name, expiration date, and identification number of certified food manager(s), if available.

- ❖ **Note: For a hog roast, the hog roast checklist supplement must be completed and returned with this application for approval**
- ❖ **All criteria must be followed or the facility will not be allowed to operate!**
- ❖ **This application must be returned to the Tazewell County Health Department at least FIVE (5) working days prior to the event! Application may be faxed to TCHD at (309) 925-4100.**
- ❖ **In case of cancellation, please contact this office no later than 4:00 pm on the Friday before the event.**
- ❖ **A sketch of the temporary food stand layout (page 2) must accompany permit application**

ATTACHMENT A

Floor layout – Temporary Food Establishment

In the following space, provide a scaled plan layout of the temporary establishment. Identify and describe all equipment including cooking equipment, hot and cold holding equipment, hand washing facilities, work tables, protective enclosure, dishwashing facilities, single service storage and waste containers.

Temporary application is hereby made for a Food Establishment of Compliance to operate. By this application, it is agreed that the establishment will comply with the attached Rules and Regulations and provisions of the County Sanitary Code applicable to this type of food establishment.

I have reviewed the temporary checklist and ensure that all items will be met at my stand: _____

Initials

Signature of Operator(s): _____ Date: _____

Temporary Permit Application Fee Schedule:
\$20.00 if paid for at TCHD 5 or more days prior to the inspection.
\$30.00 if NOT paid 5 days prior to the event
\$40.00 if paid for at the time of inspection.