TEMPORARY FOOD PERMIT APPLICATION
DOUGLAS COUNTY HEALTH DEPARTMENT

1250 E US Hwy 36 Tuscola, IL 61953
Phone 217-253-4137
www.dchealthil.org

$20.00/event, if received more than 2 weeks in advance
$35.00 if received within 14 days of event
$40.00 if received within 7 days of event
$100.00 day of event, if approved.
$50.00 Seasonal Permit (3-6 events)

Tax Exempt, No Fee EIN # _____
(late fees apply for tax exempt)
$15.00 within 14 days of event date
$20.00 within 7 days of event

Name of Event: _____ Organization: _____ Event Date: _____

Event Location: _____ _____Event Time: _____
Site Address/City

Foods: _____

_____

_____

Drinks: _____

Sources of food: _____

Where will food be prepared: _____

Storage and Service Methods: _____

Equipment for Hot Holding (135°or above)_____ Cold (41°or below) _____

Describe food service facility: _____

Clean-up and Equipment ☐ 3 bay Sink ☐ Hand Washing Station ☐ Probe Thermometer ☐ Hair Restraint

Type of sanitizer: _____ ☐ Test Strips Additional Info: _____

Seasonal Permit 1) _____ 2) _____ 3) _____
List events and dates
4) _____ 5) _____ 6) _____

I/We hereby submit this application to operate a Temporary Food Establishment in compliance with the provisions of the Food Service Sanitation Code. A valid permit issued by Douglas County Health Department shall be in our possession and displayed on the premises at all times during operation. Events 3 or more days require inspection upon set-up and will receive permit on-site.

Print Name: _____ Signature: _____ Date: _____
Address: _____ City/State/Zip: _____
Telephone: _____Email: _____

For Office Use

Date Received: _____ Fee Amount: _____ Payment Method: _____ Permit # _____

○ Mail prior to event ○ Pick up at DCHD ○ Issue after inspection ○ Email