MARION COUNTY HEALTH DEPARTMENT

118 Cross Creek Blvd., Salem, IL 62881

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Permit Number: _____ Permit Fee: **$**_____ (OFFICE USE ONLY)

Food Establishment Name: _____

Applicant Information:
Full Legal Name:_____
Telephone Number:_____
Address:_____ City:_____ State:_____
Zip:_____

Food Establishment Information:
Name:_____
Cell Phone Number:_____
Mailing Address:_____ City:_____ State:_____
Zip:_____

Applicant's Signature:_____
Date:_____

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Dates of Operation:_____