

MARION COUNTY HEALTH DEPARTMENT
118 Cross Creek Boulevard- Salem, IL 62881 Phone
(618)548-3878 Fax (618)548-3866
TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Food Establishment Name: _____

Event Name: _____

Dates and times the proposed food stand will be open

From: _____ To: _____ From: _____ To: _____
(Date) (Date) (Open) (Close)

When will establishment be available for inspection before food service begins:

Date: _____ Time: _____

(We will reach out ahead of time to set and verify exact day and time for inspection)

Point of Contact Information:

Full Legal Name: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Food Establishment Information:

Name: _____ Cell Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

There shall be no food preparation at home. All food shall be prepared either on site or in a licensed food establishment.

Water Source On site municipal supply On-site well Other: _____

How will the waste water be disposed of? _____

Handwashing: Plumbed sink Gravity flow Other _____

Statement of Applicant: I certify the information provided in this application is complete and accurate.

Applicant's Signature: _____ **Date:** _____

Type of food service requested:

Please list all foods that will be served, including condiments, prepackaged foods, etc.

Comments: _____

Preparer: _____ **Date :** _____

(OFFICE USE ONLY)

Received: _____ Amount: _____ Permit Number: _____

Check #: _____ Initials: _____ Date Issued: _____