



LEE COUNTY
HEALTH
Department

Serving Lee County Since 1947

309 South Galena Ave., Suite 100
Dixon, IL 61021

Phone: (815) 284-3371
Fax: (815) 288-1811

OFFICE USE ONLY:	
DATE	_____
BY	_____
CA/CK	_____
MAILED	_____

APPLICATION FOR TEMPORARY FOOD PERMIT
(PLEASE TYPE OR PRINT)

Name of Organization/Establishment: _____

Address to where permit will be mailed: _____

Person in Charge of Event: _____

Phone Number (to reach you between 8-4 if there are questions): _____

Person Certified in Food Sanitation (IF ONE IS AVAILABLE): _____

Certification Number: _____ Expiration Date: _____

Location of Event (provide full address): _____

List of All Menu Items: _____

PLEASE **INITIAL** EACH BOX AGREEING TO HAVE THESE ITEMS ON HAND OR COMPLETED:

- | | |
|--------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | A Free Flowing Handwashing Device in the Food Preparation/Dishwashing area |
| <input type="checkbox"/> | A Calibratable Type Metal Stem Thermometer |
| <input type="checkbox"/> | 70% Isopropyl Alcohol Pads For Disinfecting the Thermometer (Sani Wipes are NOT acceptable) |
| <input type="checkbox"/> | ALL FOOD WILL BE PREPARED ON SITE THE DAY OF THE EVENT |
| <input type="checkbox"/> | I Have Read Temporary Food Permit Guidelines (available on web @ www.lchd.com) |

Date of Temporary Event: _____

Days and Hours of Operation:

Monday	_____	am/pm to	_____	am/pm
Tuesday	_____	am/pm to	_____	am/pm
Wednesday	_____	am/pm to	_____	am/pm
Thursday	_____	am/pm to	_____	am/pm
Friday	_____	am/pm to	_____	am/pm
Saturday	_____	am/pm to	_____	am/pm
Sunday	_____	am/pm to	_____	am/pm

FEE SCHEDULE: PERMIT FEE IS TO BE PAID AT THE TIME APPLICATION IS SUBMITTED*

- () Seasonal \$100 (15-89 days of the year)
- () Temporary \$30 per event (14 or less consecutive days)
- () Not for Profit No fee: fee exempt #: _____

* A LATE FEE WILL BE ASSESSED TO ALL APPLICANTS IN THE AMOUNT OF \$10 FOR APPLICATIONS RECEIVED LESS THAN TWO WEEKS PRIOR TO THE EVENT START DATE.

By signing this document, indicates that all items will be present. If an inspection is performed and the above items are not present in their appropriate area, this event will be closed immediately.

SIGNATURE OF APPLICANT _____ **DATE** _____

MAKE CHECKS PAYABLE TO LEE COUNTY HEALTH DEPARTMENT.

A \$25.00 SERVICE CHARGE WILL BE ASSESSED ON ALL RETURNED CHECKS

eh/excel/food/food permit application 6/07