

Madison County Health Department
101 East Edwardsville Rd.
Wood River, IL 62095
(618) 296-6079
fax (618) 692-8905

(official use only)
Permit #T119-_____
Date Received _____
Cash or Check # _____
Amount \$ _____
Date Issued _____

Temporary Food Service Application

As prescribed in the Madison County Food Sanitation Ordinance, the undersigned makes application for a permit to operate a temporary food service establishment in Madison County, State of Illinois.

- Applying for: Single Temporary Permit - One event only
 Multiple Temporary Permit - For individual temporary food stands that operate at multiple events in Madison County

Name of Food Stand: _____

Mailing Address: _____
(P.O. Box/Street) (City) (State) (Zip)

Contact Person: _____ Daytime Phone: _____

E-mail address: _____

Foods items to be served in your food stand: _____

All food items must be prepared on site at the event

List events where you intend to operate in Madison County this year. Use back of this paper if necessary.

| Event Name(s) | Date of Event | City |
|---------------|---------------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

YOU MUST NOTIFY THIS DEPARTMENT IF ADDITIONAL EVENTS ARE ADDED THROUGHOUT THE SEASON

| | |
|---|----------|
| CHECK ONE: | |
| <input type="checkbox"/> Temporary Permit Fee | \$75.00 |
| <input type="checkbox"/> Temporary Permit Fee (day of event)*..... | \$125.00 |
| <input type="checkbox"/> Multiple Temporary Permit Fee | \$150.00 |
| <input type="checkbox"/> Multiple Temporary Permit Fee (day of event)*..... | \$200.00 |
| <input type="checkbox"/> Organization/owner holds annual Madison County Food Service Sanitation Permit (fee is waived) Annual Permit Number: 119-_____ | |

*** A \$50.00 day of event fee will be assessed if the completed application form and appropriate fee are not received prior to the day of the event.**

I have read and agree to abide by the Madison County Temporary Food Service Guidelines
I affirm that the above information is true to the best of my knowledge and belief.

Applicant's Signature: _____ Date: _____

Please return completed application form and fee to the Health Department at least 14 days prior to the event