



**Randolph County Health Department**

2515 State Street  
Chester, IL 62233  
Office: 618-826-5007  
Fax: 618-826-5223

**TEMPORARY FOOD SERVICE PERMIT APPLICATION**

Applications should be completed and received by our office **48 hours in advance of the event.**

Name of Establishment \_\_\_\_\_ Ph. \_\_\_\_\_

Name /Address of Applicant: \_\_\_\_\_

Name / Location of Event \_\_\_\_\_

Event Date(s) \_\_\_\_\_

Owner/Person Responsible for Event: \_\_\_\_\_

Owner/Person Responsible for Contact Number: \_\_\_\_\_

**Temporary Food Service Permit Fee is \$25.00 (for 1-3 day events) or \$50.00 (for events over 3 days)**

I agree to follow the food safety codes laid out in the FDA food code and County Ordinance.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

The safety of the food products dispensed at this facility depends upon the proper maintenance and operation of this establishment; the responsibility of which rests with the operator. The permit may be revoked or suspended at the discretion of the Randolph County Health Department.

THE PERMIT IS **NOT** TRANSFERRABLE BETWEEN PERSONS, ESTABLISHMENTS, OR EVENT SITES

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**OFFICE USE ONLY**

Fee Received (Date) \_\_\_\_\_

Permit Authorized (Date) \_\_\_\_\_ Authorized Signature \_\_\_\_\_

# PLEASE LIST ALL FOOD ITEMS YOU WILL BE SELLING

FOOD ITEM	WHERE WILL ITEM BE PURCHASED FROM (name of store or supplier)	HOW WILL ITEM BE PREPARED/CO OKED (grill, stove etc.)	WHERE WILL ITEM BE PREPARED (on site or in an inspected facility)	HOW WILL ITEM BE HELD AT PROPER TEMPERATURE AFTER COOKING (electric roaster; in covered pan on grill/stove)	HOW WILL ITEM BE KEPT COLD and/or FROZEN (refrigerator; freezer etc.)

*Please attach additional sheet if more room is needed.*

RGHD 7/2017; 8/2017, 10/2018, 7/2019, 5/2024