



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 \$50.00

I have read and understand the Randolph County Temporary Food Service Requirements handout.

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

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/COOKED (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.