

Madison County Health Department
101 East Edwardsville Rd.
Wood River, IL 62095
(618) 296-6079
fax (618) 692-8905
e-mail: eh@co.madison.il.us

Official Use Only
 Permit #: T119-____ - ____
 Date Rec'd: _____
 Cash, CC or Ck #: _____
 Amount Paid: _____
 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.

Name of Food Stand/Organization: _____

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

Person in Charge of Food Stand: _____

Daytime Phone: _____ E-mail address: _____

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

Event Name(s)	Date of Event	City	Event Start Time
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Total number of Temporary Events you are applying for on this application form: _____

List all food items being served in your food stand (use additional paper if necessary):

Name of Food Item	Item Purchased From	Is Item Pre-Cooked		Food Item Is Cooked (check one of the following)		
		Yes	No	On-Site at Event	Off-Site (list location)	Not Applicable

** Potentially hazardous food having temperatures between 41° F and 135° F shall be destroyed**

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What type of sanitizer is used? Bleach Quat Other: _____

Are sanitizer test strips available? Yes No

Describe the procedures and equipment used to keep cold food items at 41° F or below:
(example - using coolers filled with ice to cover and bury pre-cooked hotdog packages)

Describe the procedures and equipment used to keep hot food items at 135° F or above:
(example - using a grill to heat pre-cooked hotdogs and hot-holding hotdogs in a roaster)

Describe your handwashing station set-up in your food stand:

Describe your 3-compartment sink (wash, rinse, sanitize) set-up in your food stand:

- I have read and agree to abide by the Madison County Temporary Food Service Guidelines.*
- I understand that if provisions of the aforementioned Ordinance are not met, a Temporary Food Service Permit will not be issued to operate at a Temporary Event.*

CHECK ONE: <input type="checkbox"/> Temporary Permit Fee (per event) \$75.00 X _____ (total # of events) = \$_____ total enclosed <input type="checkbox"/> Temporary Permit Fee including Late Fee (48 hours before event)*.....\$150.00 <input type="checkbox"/> Organization/owner holds annual Madison County Food Service Sanitation Permit (fee is waived) Annual Permit Number: 119-_____ Note: A Temporary Permit IS required for Annual permit holders
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**** A \$75.00 late fee will be assessed if the completed application form and appropriate fee is not received by this department 48 hours prior to the event.***

If you wish to pay by credit card, you may submit this application form and all required attachments to: accounts@co.madison.il.us . If you have any questions regarding billing, please call: (618) 296-6074

I affirm that the above information is true to the best of my knowledge and belief.

Applicant Signature: _____ Date: _____

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