

Permit Fee: \$30.00
Per Event

**EFFINGHAM COUNTY HEALTH DEPARTMENT
TEMPORARY FOOD SERVICE**

(A temporary food service establishment may operate for a period of time of not more than 14 consecutive days in conjunction with a single event or celebration.)

PERMIT APPLICATION

Name of Food Stand _____

Owner/Operator _____

Address _____

City _____ State _____ Zip _____ Phone _____

Certified Operational Manager _____

Certified ID# _____ Date of Expiration _____

Name of Event(s) where you will operate _____

Date(s) _____

Hours of operation _____

Menu items (or Menu attached**)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Application _____ Permit Fee: \$30.00

Signature of Applicant _____ Paid by Check #: _____

FOR OFFICE USE Only

Temporary Permit #: _____

Issue Date: _____

Expiration Date: _____

Effingham County Health Department
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(217) 342-9237