



Public Health  
Prevent. Promote. Protect.

901 West Virginia  
Effingham, Illinois 62401

# Effingham County Health Department

*"Where Prevention Begins"*



Phone (217) 342-9237  
Fax (217) 342-9324

## TEMPORARY FOOD SERVICE PERMIT APPLICATION

Name of Food Stand\_\_\_\_\_

Owner/Operator\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_, State\_\_\_\_\_, Zip\_\_\_\_\_, Phone\_\_\_\_\_

Certified Food Protection 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:     \$40.00    

Signature of Applicant\_\_\_\_\_ Paid by Check #: \_\_\_\_\_

**FOR OFFICE USE**

Temporary Permit # \_\_\_\_\_

Issue Date\_\_\_\_\_

Expiration Date\_\_\_\_\_

Note: Permit fee is per event. Each event 3 to 14 days requires a temporary permit application and fee of \$40.00