(official use only)

Permit #_____
Date Received_____
Cash or Check #_____
Amount $_____
Date Issued_____

Madison County Health Department
101 East Edwardsville Rd.
Wood River, IL 62095
(618) 296-6079

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.

Applying for: ☐ Single Temporary Permit – One event only
☐ Multiple Temporary Permit – For individual temporary food stands that operate at multiple events in Madison County

Name of Food Stand:_____

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

Contact Person: _____ Phone: _____ Cell: _____

Foods items to be served in your food stand:_____

_____

List events that you intend to operate at in Madison County this year. Use back side of paper if necessary.

Event Name(s)	Date of Event	City
1.		
2.		
3.		
4.		
5.		

CHECK ONE:

☐ Temporary Permit Fee $50.00
☐ Temporary Permit Fee- day of event $75.00
☐ Multiple Temporary Permit Fee $125.00
☐ Multiple Temporary Permit Fee- day of event $150.00
☐ Organization/owner holds annual Madison County Food Service Sanitation Permit? [ ] yes [ ] no
If yes, permit fee waived.

I affirm that the above information is true to the best of my knowledge and belief, and that I have read and agree to abide by the Madison County Temporary Food Service Guidelines.

Applicant's Signature:_____ Date:_____

Return completed application and fee to the Health Department at least 14 days prior to event