APPLICATION FOR A SINGLE EVENT TEMPORARY MCLEAN COUNTY FOOD PERMIT

McLean County Health Department 200 W. Front, Room 500D Bloomington, IL 61701 Ph.: (309) 888-5482 Fax: (309) 888-5506 Email: mclean.eh@mcleancountyil.gov Website: http://health.mcleancountyil.gov	For Office Use Only App. Approved_____Permit # _____ J-1 Fee Req'd_____J-2 Fee Exempt _____ J-3 Fee Req'd _____Late Fee _____ Permit to Be Delivered _____ Picked Up_____Mailed _____

APPLICATION MUST BE RECEIVED AT LEAST 5 BUSINESS DAYS PRIOR TO EVENT. ALL APPLICATIONS RECEIVED LESS THAN 5 BUSINESS DAYS PRIOR TO THE EVENT WILL BE CHARGED AN ADDITIONAL $25.00.

1. Name of Business/Organization: _____

   Address: _____

   City: _____ State: _____ Zip: _____

2. Name of Special Event or Celebration: _____

   Location of Temporary Food Service: _____

   Date(s) of Temporary Food Service: _____

   Time(s) of Temporary Food Service: _____

   Time Temporary Food Service will be set up and ready for operation: _____

3. Please indicate the type of operation for your temporary foodservice facility (check one):

   ❑ Indoor ❑ Outdoor ❑ Mobile Food Trailer

4. The fee for a McLean County Temporary Food Permit is: **$50.00** for 1-2-day single event
   $75.00 for 3-14 days single event

5. Is your business or organization exempt from paying a permit fee? ☐ Yes ☐ No

   If you answered yes, why is your business or organization exempt? _____

   If you answered yes to the above question, you must submit documentation of your organization's tax exempt status.

   Does your temporary stand plan to serve alcohol at the above event? ☐ Yes ☐ No

   If you answered no, please enclose the appropriate permit fee with this application. Do not mail cash. Make the check or money order payable to the McLean County Health Department.

6. **The representative listed in this section must be an individual who will be in charge or will be supervising this temporary food facility.** If permit is to be mailed, it will go to the address given below.

   Name of Representative Supervising Temporary Food Service: _____

   Mailing Address: _____

   City: _____ State: _____ Zip: _____

   Daytime Phone: Email:

7. Please complete the table below.

All Food Items	Food Source	Location Where Food will be Prepared	Date and Time of Food Preparation
Example: Hamburgers	Michelle's Market	On site	5/2/04 11:00 a.m.

Temporary Food Checklist

**** Please read the following and initial on the line provided to the right of each statement below.**

****Initials**

❑ Hand washing facilities must be provided including a hands-free flowing type container with a spout, warm water, liquid soap, single use/disposable paper towels, and a container for catching waste water. Avoid direct hand contact with ready-to-eat foods by providing gloves, tongs, deli tissue, etc. _____

Exclude workers that are or have been ill from the food area. (Vomiting, diarrhea, coughing, fever)

❑ Adequate cold holding equipment must be provided to maintain potentially hazardous cold foods at 41°F or below. Mechanical refrigeration must be provided for temporary food events lasting 2 days or longer. Mechanical refrigeration is strongly recommended for all temporary food events. _____

❑ Adequate hot holding equipment (electric or gas) must be provided to maintain potentially hazardous hot foods at 140°F or above. Sternos and similar units are not approved. _____

****Initials**

- ❑ Proper cold and hot holding temperatures must be maintained during transportation. _____

- ❑ A metal-stemmed thermometer must be provided (glass is not acceptable) ranging from 0°F-220°F for monitoring internal cooking and holding temperatures. Thermometers must be accurate to +/- 2°F. _____

- ❑ Food and ice must be obtained from an approved source. Receipts may be required. Home prepared food will not be allowed for service with the exception of non-potentially hazardous baked goods. Prior authorization from the McLean County Health Department is required. Meat and poultry products must be USDA or IDA inspected with proper labeling provided. Proper scoops must be used for dispensing ice. _____

- ❑ An approved water source must be provided. Food grade hoses are required and devices (i.e. vacuum breakers) must be provided to prevent back flow and back siphonage when a connection to a water supply is needed. _____

- ❑ Dishwashing facilities may be required such as a 3-basin set up to wash, rinse, and sanitize equipment and utensils. Sanitizer concentration must be 50ppm chlorine or equivalent (approximately 1 tablespoon or capful of bleach per gallon of water). _____

- ❑ Wiping cloth bucket must be provided with 100ppm chlorine concentration or equivalent to sanitize all food contact surfaces. Test strips are the only way to accurately determine sanitizer concentration. _____

- ❑ All liquid wastewater must be disposed of into public sewers or in a manner approved by the Board of Health. Adequate waste receptacles must be provided. _____

- ❑ All temporary food stands must provide an overhead cover to protect the interior of the stand from the weather. Covers must be provided over all cooking equipment. A physical separation between food preparation and customers must be provided, such as a sneeze guard. _____

- ❑ Effective hair restraints must be provided and used by all employees (i.e. hats, hairnets, etc.). Only single-service utensils shall be used (forks, knives, spoons, cups, and plates) and shall be stored and dispensed in a way to prevent contamination. _____

- ❑ Condiments (i.e. sugar, sauces, etc.) must be dispensed from approved, covered containers or single-service packets (i.e. pump dispenser, "squeeze" type bottle, containers with self closing lids, etc.). _____

I certify that I have reviewed this permit application and completed it to the best of my knowledge. I agree to be onsite at the time of the event and will comply with all the rules and regulations of the McLean County Revised Code, Chapter 26 Food Service and the Illinois Department of Public Health Food Code.

_____ _____

Signature of Representative Submitting Application Date

FOR OFFICE USE ONLY

Date Permit Fee Received: _____ Amount: $_____ Receipt: #_____

Permit Fee Received By: _____

_____ _____

Name of Representative Sanitarian Contacted Date of Contact

_____ Application Approved: Yes ☐ No ☐

Signature of Sanitarian

Comments: _____

_____

_____

_____