

109 Third Street, P.O. Box 508  
Lincoln, IL 62656-0508  
www.lcdph.org



**Public Health**  
Prevent · Promote · Protect

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Logan County Department of Public Health

**APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT  
NON-LICENSED EVENT (ONE DAY). NO FEE**

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

Location of event \_\_\_\_\_  
Street City

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Time food will be prepared & location where prepared: \_\_\_\_\_

Name, Address, and Phone Number of Owner(s)/Operator(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Food and/or Baked Goods

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Application is hereby made for a Temporary Food Establishment

\_\_\_\_\_  
Signature of Owner(s) Date

Return this application to the Logan County Department of Public Health at least five (5) working days prior to your event.

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