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.

Logan County Department of Public Health
109 Third Street, P.O. Box 508
Lincoln, IL 62656-0508
www.logancountyhealth.org