

Permit # \_\_\_\_\_  
Date Rec'd \_\_\_\_\_

Carroll County Health Department  
822 S. Mill St. Mt. Carroll, IL 61053  
Phone: (815) 244-8855 Fax: (815) 244-5010

## Temporary

### Food Establishment Permit Application/Registration

I/we hereby apply for a permit (for-profit) or register (not-for-profit) to operate a food establishment in Carroll County for the period indicated below.

Name of Establishment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Licensee/Owner \_\_\_\_\_ Home Phone \_\_\_\_\_

Operator/Manager \_\_\_\_\_ Home Phone \_\_\_\_\_

\*\*Not-for-Profit yes \_\_\_\_\_ no \_\_\_\_\_

NAME OF EVENT \_\_\_\_\_

DATE AND ADDRESS OF EVENT \_\_\_\_\_

Please use supplemental form to list each event separately if more than one.

#### HOURS OF OPERATION

Sun \_\_\_ to \_\_\_ Mon \_\_\_ to \_\_\_ Tues \_\_\_ to \_\_\_ Wed \_\_\_ to \_\_\_ Thurs \_\_\_ to \_\_\_ Fri \_\_\_ to \_\_\_ Sat \_\_\_ to \_\_\_

Foods to be served:

\_\_\_\_\_

Temporary Food Establishment Fee.....\$40.00 per event

***All religious, governmental, and state recognized not-for-profit organizations subject to this code shall be exempt from the payment of temporary fees.\*\****

Please return this completed, signed, and dated application and stipulated fee in the form of a money order, personal check or cashier's check make payable to the Carroll County Health Department to:

**Carroll County Health Department  
Attn: Environmental Health  
822 S. Mill St.  
Mt. Carroll, IL 61053**

I hereby declare that I have read and understand the Carroll County Food Sanitation Ordinance.

\_\_\_\_\_  
Signature/Date

\*\* Not-for-profit organizations: You may register all of your events for the year on this application and the Supplemental Form.

Total enclosed: \_\_\_\_\_