

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

Please note that application (with signature) and payment **MUST be received in office prior to the sale of food.

**Late fee is 50% of the permit fee.

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

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: _____