

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: \_\_\_\_\_