Southern Seven Health Department
Office of Environmental Health
37 Rustic Campus Drive Ullin IL 62992
Phone: 618-634-2297 x 9114 Email: madams@s7hd.org

Application for a Permit to Operate a Temporary Food Service Establishment

Business Name: _____

Name of Operator: _____

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: _____ Email: _____

List each event you will be attending in Alexander, Hardin, Johnson, Massac, Pope, Pulaski and Union Counties.

Event	Date(s)	Location	Set-up Date	Hours of Operation

Menu/ Preparation Plans:

All Food Items Served to Public	Food Source	Location/How will food be prepared
Example: Hamburgers	Sam's Club	Cooked on grill to 155 F on site

- I/we hereby make application for a permit to operate a temporary food service establishment in compliance with the provisions of the Rules and Regulations for Food Handling Establishments adopted by the Southern Seven Health Department.

- I/we hereby agree that the information given in regards to menu, event location and other information given on this application is true and accurate.

- I/we further agree that a valid permit issued to us by Southern Seven Health Department shall be in our possession and displayed on the premises at all times during operation of this temporary food service establishment.

Signed: _____ Ph#: _____ Date: _____

office use only below this line

Permit Number: _____ Date Issued:_____

Sanitarian Signature: _____