

Southern Seven Health Department Office of Environmental Health

37 Rustic Campus Drive Ullin IL 62992 Phone: 618-634-2297 x 973114 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 at Counties.	tending	in Alexa	ander, Hardi	n, Johnso	on, Mass	sac, Pope	e, Pulaski an	d Union	
Event	Date(s)		Location			Set-up Date		Hours of Operation	
Menu/ Preparation Plans All Food Items Served to Po	ublic		Food So	ource		Locat	tion/How wi	ll food be prepa	ared
Example: Hamburgers		Sam's Club			Cooked on grill to 155 F on site				
NOT FOR PROFITS MUST SU	J BMIT A	A TAX E	XEMPTION	CERTIF	ICATIO	N OR W	-9 SHOWING	3 501(c)(3) Statu	18**
I/we hereby make applicat provisions of the Rules and Re									
I/we hereby agree that the									
application is true and accurate		8	8	,			8		
➤ I/we further agree that a va displayed on the premises at all								ossession and	
Signed:				Ph					
			fice use only bel	ow this line					
Payment	Receive	ed: 🗖 (Courtmoney	□ Chec	k	_ 🗖 Cas	sh		
Permit Number:			Date Issued:						
Sanitarian Sign	ature:								