



21306 IL Route 9, Tremont, IL 61568  
(309) 925-5511 – Phone ; (309) 925-4100 - Fax

OFFICE USE ONLY

Assigned to: \_\_\_\_\_

Date Called: \_\_\_\_\_

Notes: \_\_\_\_\_

High Risk Process: \_\_\_\_\_

Supplement Given:  \_\_\_\_\_

PAID: Amt.: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT  
CERTIFICATE OF COMPLIANCE  
APPLICATION WILL NOT BE ACCEPTED IF NOT COMPLETE**

Name of Stand: \_\_\_\_\_

Name of Event (if applicable): \_\_\_\_\_

Location of Food Service: Address: \_\_\_\_\_ City: \_\_\_\_\_

Date(s) & Time(s) of Food Service: \_\_\_\_\_

Location of Food Preparation (if different from above): \_\_\_\_\_

Date(s) & Time(s) of Food Preparation: \_\_\_\_\_

Food Source/Purchased From: \_\_\_\_\_

LIST FOODS BEING SERVED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address, and phone number of operator(s). **A phone number must be included so that we may contact you prior to the event. Please provide a number where you may be reached during daytime working hours.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, expiration date, and identification number of certified food manager(s), if available.

\_\_\_\_\_  
\_\_\_\_\_

- Note: For a hog roast, the hog roast checklist supplement must be completed and returned with this application for approval**
- All criteria must be followed or the facility will not be allowed to operate!**
- This application must be returned to the Tazewell County Health Department at least FIVE (5) working days prior to the event! Application may be faxed to TCHD at (309) 925-4100, however fees apply based on date fee is received.**
- In case of cancellation, please contact this office no later than 4:00 pm on the Friday before the event.**
- A sketch of the temporary food stand layout (page 2) must accompany permit application**

**\* PLEASE SEE REVERSE SIDE \***

**ATTACHMENT A**

**Floor layout – Temporary Food Establishment**

**In the following space, provide a scaled plan layout of the temporary establishment. Identify and describe all equipment including cooking equipment, hot and cold holding equipment, hand washing facilities, work tables, protective enclosure, dishwashing facilities, single service storage and waste containers.**

**Temporary application is hereby made for a Food Establishment of Compliance to operate. By this application, it is agreed that the establishment will comply with the attached Rules and Regulations and provisions of the County Sanitary Code applicable to this type of food establishment.**

**I have reviewed the temporary checklist and ensure that all items will be met at my stand: \_\_\_\_\_**

**Initials**

**Signature of Operator(s): \_\_\_\_\_ Date: \_\_\_\_\_**

**| Temporary Permit Application Fee Schedule:  
| \$20.00 if paid for at TCHD 5 or more working days prior to the inspection.  
| \$30.00 if NOT paid 5 working days prior to the event  
| \$40.00 if paid for at the time of inspection.  
|**