



Public Health
Prevent. Promote. Protect.

**Woodford County
Health Department**

1831 S. Main Street
Eureka, Illinois 61530
Phone: 309/467-3064
Fax: 309/467-5104
www.woodfordhealth.org

**APPLICATION FOR MULTIPLE USE TEMPORARY FOOD OR DRINK PERMIT
(EXPIRATION DATE: DECEMBER 31, 2021)**

NAME OF ESTABLISHMENT _____ APPT. DATE/TIME _____

LOCATION OF EVENT _____ DATE OF EVENT _____

PERSON-IN-CHARGE _____ CITY/ZIP _____ PHONE _____

E-MAIL ADDRESS _____

LICENSE PLATE# _____ EXPIRATION DATE _____ ISSUING STATE _____

WATER SUPPLY: PUBLIC PRIVATE IF PRIVATE – COLLECT A WATER SAMPLE AT LEAST 3 WEEKS PRIOR TO EVENT

TEMPORARY PERMIT FEE: \$55.00 NOT FOR PROFIT - NO CHARGE

APPLICANT'S SIGNATURE _____ SANITARIAN'S SIGNATURE _____

The following must be provided at the time of application and must be maintained and used during the entire period of operation: Items marked are available. Items not marked are N/A. Vendors with any violations will NOT be allowed to operate.

- _____ 1. Three sinks, pails, or basins for washing, rinsing, and sanitizing utensils and equipment. **Distributed dish washing sign _____**
- _____ 2. Have and use a metal-stem thermometer that is accurate to plus or minus 2° F for checking internal food temperatures.
- _____ 3. Provide a thermometer for each mechanical refrigeration unit (fridge or freezer) which is accurate to plus or minus 3° F.
- _____ 4. All equipment, utensils, etc. must be in good condition (no chips, pitting, etc). All equipment and utensils must be cleaned and sanitized before the beginning of the event and as often as necessary but not less than once per day. Any stand that is found to have a food build up on their equipment shall be shut down until all equipment is disassembled, cleaned, and sanitized.
- _____ 5. Detergent, sanitizer, and sanitizer test strips must be available in each stand where utensils are cleaned.
- _____ 6. **Chlorine = 50-100 ppm** at sink/tub, immersion for 1 minute; **100-200 ppm** for swabbing, moist-wipe cloth, spray bottle _____
- _____ 7. Provide warm water, hand soap, and paper towels for hand washing. **Distributed hand washing signs _____**
- _____ 8. Provide sufficient mechanical refrigeration that will maintain (time/temperature control for safety food) cold food temperatures below 41° F (maximum) at all times. Commercial-grade refrigeration units are strongly suggested.
- _____ 9. Provide mechanical hot holding equipment that will maintain (time/temperature control for safety food) hot food temperatures of 135° F (minimum) or above at all times. **Distributed food safety guidelines _____**
- _____ 10. Hair restraints must be available and used by all employees.
- _____ 11. All food prepared in an approved area, commercial kitchen, or approved location. Food prepared from an unapproved site or home kitchen will NOT be allowed.
- _____ 12. All food stands must be constructed to facilitate the cleaning of the food preparation area. Any food stand that is not in good repair (holes in screens, chipped paint, unsealed wood preparation tables, etc) will not be allowed to open.
- _____ 13. All walls, ceiling and windows must be screened or protected with approved air curtain to prevent entry of insects. Door must be kept closed at all times. Concrete, asphalt, duckboard, or cleanable platform floors in the food preparation area.

NOTE: Any leftover, time/temperature control for safety food from the previous day or time/temperature control for safety food having temperatures between 41° F and 135° F shall be destroyed.

HOURS: _____

REMARKS DISCUSSED WITH PERSON-IN-CHARGE: _____

AMOUNT RECEIVED _____ RECEIVED BY _____ DATE ISSUED _____ PERMIT NUMBER _____

THE WOODFORD COUNTY HEALTH DEPARTMENT RESERVES THE RIGHT TO CONDUCT FUTURE INSPECTIONS REGARDING THIS MULTIPLE USE TEMPORARY FOOD OR DRINK PERMIT.