



Public Health
Prevent. Promote. Protect.

Knox County Health Department

Knox County Health Department
1361 West Fremont Street, Galesburg, IL 61401
(309) 344-2224 Fax (309) 344-5049 www.knoxcountyhealth.org

TEMPORARY FOOD SERVICE APPLICATION

Paid: _____

As prescribed in Article II, Section D of the Knox County Health Ordinance, the undersigned makes application for a permit to operate a temporary food service establishment in Knox County. Said application for a permit must include an application fee of \$35.00. The permit fee is waived for single day events.

NAME OF ORGANIZATION/FOOD STAND: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

EVENT: _____ STAND LOCATION: _____

DATES FOOD WILL BE SERVED: _____

HOURS OF FOOD PREPARATION & SERVICE: _____

FOOD ITEMS SERVED & SOURCE: _____

FOOD TO BE PREPARED AT: _____

SOURCE OF WATER: Public or Private

METHOD FOR HEATING WATER: _____

TYPE OF REFRIGERATION: _____

SINGLE SERVICE DISHES & UTENSILS: _____

METHOD OF UTENSIL CLEANING & SANITATION: _____

I hereby certify that the above information is true and correct, and that I have read and agree to abide by the Knox County Temporary Food Service Guidelines

Applicant's Signature: _____ **Date:** _____

This permit is not valid until signed and numbered by Health Department personnel. This permit is only valid for dates indicated and is not transferable to another person, location or event.

Permit fee of \$35.00 enclosed

Return completed application (both copies) to the Health Department. Permit will be issued during the event.

Permit # _____ Issued On _____ Expires On _____

INSPECTION COMMENTS / TEMPERATURES

CORRECTED BY

INSPECTION COMMENTS / TEMPERATURES	CORRECTED BY

Approved by: _____