



700 EAST OAK STREET
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FULTON COUNTY HEALTH DEPARTMENT

An Equal Opportunity Employer and Provider

Application for Seasonal Temporary Food Service Permit

Name of Business/Group: _____

Name of Operator/Owner: _____ Phone #: _____

Address of Operator/Owner: _____

On-site Contact Person: _____ Phone #: _____

Planned locations of operation: _____

Apply and pay at least 7 days prior to first event.

<input type="checkbox"/> Seasonal - Low Risk (Kettle corn, snow cones, other non-TCS food) 7 consecutive months - \$150	<input type="checkbox"/> Seasonal - High Risk (Meat or other TCS foods) 7 consecutive months - \$250
Note: A person or business can receive only one seasonal permit per 12 month period. For example, if your seasonal permit begins on May 1, 2019, it will expire on November 30, 2019, and you cannot apply for a new seasonal permit until May 1, 2020.	

Certified Food Protection Manager Certificate required. Attach copy of Certificate(s).

Name: _____ I.D#: _____ Exp. Date: _____

Food/Beverages to Be Served	Where Food Will Be Purchased
_____	_____
_____	_____
_____	_____

Is public water available on site? Yes No (If well water, provide most recent water test results.)

If No, identify the source and method of transport to site: _____

Describe how wastewater will be properly disposed of: _____

I hereby certify that the above information is true and correct, and that I agree to abide by all applicable Fulton County Health Ordinances. I understand that fees are not refundable.

Applicant's Signature: _____ Date: _____

Office use only: Date Received: _____ Received by: _____ Fee: _____ Reviewed By: _____ Date: _____ Permit #: _____
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