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**FULTON COUNTY HEALTH DEPARTMENT**

An Equal Opportunity Employer and Provider

**Application for Temporary Food Service Permit**

Event Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates and Hours of Event: \_\_\_\_\_

Name of Facility/Operation: \_\_\_\_\_

Name of Operator/Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Operator/Owner: \_\_\_\_\_

On-site Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Permit Type and Duration (Circle one)**

**\*To avoid late fees, apply and pay at least 7 days prior to event.\***

Registration (no charge) 1 day event <input type="checkbox"/> Jan.-June <input type="checkbox"/> July-Dec.	1-2 day (\$35) Late Fee (\$17.50)	3-14 day (\$50) Late Fee (\$25)	Seasonal 7 months (\$150, \$250)
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**Food Service Sanitation Manager Certificate (FSSMC) required for seasonal temporary permits only.**

Name: \_\_\_\_\_ I.D.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Food/Beverages to be Served**

**Where Food was 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: \_\_\_\_\_

<b>Office use only:</b> Date Received: _____ Received by: _____ Fee: _____ Reviewed By: _____ Date: _____ Permit #: _____
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