

Logan County Health Department
109 Third St., P.O. Box 508
Lincoln, IL 62656
(217) 735-2317
www.logancountyhealth.org

2004 APPLICATION FOR A TEMPORARY PERMIT

Name of Stand _____

Date of Event _____ Name of Event _____

Location event to be held _____

Time: from _____ to _____

Menu Items: (you must list all items or attach a menu) _____

Time of Food Prep _____ Where will food be prepared? At the event _____ At a licensed facility _____

If so, name the facility _____

Facilities must hold food at proper temperature during transportation, storage and service. How? _____

Contact Person: PLEASE PRINT

Name _____

Address _____ City _____ State _____ Zip _____

Day time phone number __ (____) _____

I have read the enclosed Temporary Food Service Establishment requirements and understand that if these requirements are not met, licensing may be withheld.

Operator's Signature _____ **Date** _____

FEES LISTED ARE VALID THROUGH DECEMBER 31, 2004

FEES: 1-3 days \$34.00/ stand
4-10 days \$68.00/ stand (normally the county fair)
11-182 days \$85.00/stand (seasonal temporary permit)

RETURN THIS APPLICATION ALONG WITH PAYMENT 5 WORKING DAYS BEFORE THE DATE OF THE EVENT.

**A REPRESENTATIVE FROM THE LOGAN COUNTY HEALTH DEPARTMENT WILL PERFORM
AN ONSITE TEMPORARY FOOD SERVICE INSPECTION**

FOR LCHD OFFICE USE ONLY

PERMIT NUMBER _____ DATE _____

AMOUNT PAID _____ CHECK _____ CASH _____ RECEIPT _____