JEFFERSON COUNTY
HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
4102 S Water Tower
Place Mt. Vernon, IL
62864
Telephone (618) 244- 7134 Fax (618) 244-2640

TEMPORARY FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION

I/We hereby apply for a license to operate a Food Sservice Establishment on a temporary basis in

Jefferson County for a period of _____days, beginning on _____ and ending

on_____.

Name of Event_____Location of Event_____

Name of Establishment/Organization_____

Address_____

Contact Person _____ Phone_____

HOURS OF
OPERATION

Sat._____to_____ Sun._____to_____ Mon._____to_____ Tues._____to_____

Wed.._____to_____ Thurs._____to_____ Fri _____ to_____

FEE SCHEDULE

Seasonal Food Operations (Concession Stand)   ( ) $80.00 per season

Farmer's Market - ( ) $100 for season, at same location

Temporary Food Sales

2 to 14 consecutive days....( ) $50.00

Please return this application completed in full, including signature and date along with payment
for the fee in the form of money order, check, or cashier's check made payable to **Jefferson
County Health Department.**

Mail Application and fee to:

JEFFERSON COUNTY HEALTH DEPARTMENT
Division of Environmental
Health 4102 S Water Tower
Place
Mt. Vernon, IL 62864

AMOUNT RECD.
_____
CASH _____
CHECK_____
CARD TYPE_____
RECD BY _____
DATE _____

1. Indicate the origin of the food/beverages (i.e., where will food be purchased or provided from; include labels if possible): _____

   _____

2. All food and beverage must be prepared on-site or in licensed kitchen (**not a domestic one**). Provide the following information for the facility where advanced food prep will take place.

   a. Facility name: _____

   b. Address: _____

   c. Date and time of advance preparation: _____

3. Indicate the distance and the time for transporting food or beverage to the service e site.

   a. Distance: _____

   b. Time: _____

4. How will food temperatures be maintained during transportation (hot food hot; cold foods cold)?-

   _____

5. Describe the equipment to be used at the event for:

   a. Cold holding: _____

   b. Hot holding: _____

   c. Cooking: _____

6. Water Source: ☐ on-site municipal supply   ☐ on-site well

   ☐ Other: _____

7. How will waste water be disposed? _____

8. Means for handwashing: ☐ Plumbed sink   ☐ Gravity flow

   ☐ Other: _____

9. Means of garbage disposal: ☐ Cans collected on site   ☐Dumpster

   ☐ Other: _____

10. Statement from Applicant: I certify the information in this application is complete and accurate. I understand that Jefferson County Health Department does not provide verbal approval of the plans or the deviation of approved plans, and that any deviation from the plans and procedures in this application without prior written information from the Jefferson County Health Department may nullify final approval and result in my not obtaining a permit, or having a permit suspended or revoked after it is issued.

Signature: _____ Date:_____

*The following list is to assist you in conducting a **self-inspection** of your food stand before you open. Carefully read the attached "Temporary Food Service Establishment Guidelines" for more complete information.*

☐ **Application plus the fee has been submitted to the JCHD, 7 days prior to event**

☐ Only potentially hazardous foods requiring limited preparation shall be prepared or served. Home preparation or service of other potentially hazardous foods is prohibited. (Exception)if the temporary food event can demonstrate that no health hazard will result from the method of preparation of potentially hazardous foods based upon information provided by the Health Department, the Health Department may allow certain home prepared foods to be served providing proper temperature requirements can be met.

☐ Provide multiple clean utensils to replace the soiled ones as needed or provide 3 buckets to wash, rinse, and sanitize soiled utensils. Detergent, sanitizers, and a sanitizer test kit must be available in each stand where utensils are cleaned.

☐ When facilities are available, hand soap and paper towels shall be provided. However, wipes or hand sanitizer **cannot be used** as a substitute for water, soap, and paper towels.

☐ Provide 5 buckets

- 3 for a wash, rinse, and sanitize for utensils
- 1 of sanitizer solution for wiping rags
- 1 as a catch bucket for hand washing

☐ All equipment, utensils, etc. must be in good condition (no chips, cracks, pitting, etc.) Wood utensils are prohibited.

☐ Provide an accurate metal stemmed thermometer (not glass) for checking food temperatures. Scale 0º F to 220º F.

☐ Provide an accurate thermometer for each mechanical refrigeration unit (refrigerator or freezer).

☐ Provide sufficient mechanical refrigeration which will always hold potentially hazardous food temperatures below 41º F.

☐ Provide hot holding equipment that will maintain hot food temperatures of 135º F or above when required.

☐ Effective hair restraints must be worn by all employees (caps, visors, hair nets).

Jefferson County Health Department/Division of Environmental Health

4102 South Water Tower Place
Mt. Vernon, IL 62864
(618) 244-7134

PRIOR APPROVAL INFORMATION SHEET

Name of Vendor: _____

Vendor: Non-potentially hazardous foods _____ Y/N **Other** Temporary Food Stand _____ Mobile Food Unit _____

Street Address: _____ Telephone #: _____

Please fill in anything that applies to your type if foods:

Types of Foods to be Sold or Prepared	Pre-Packaged?		Source Where Prepared or Bought	Labeled?	Ingredients	Fee Required.
	Yes	No				

Where Stored: _____ Transported How: _____ Displayed: _____

Temporary Food Service Establishment Application

Food Being Served and Methods of Preparation

Potentially Hazardous Food Items (i.e., meat, fish, shellfish, poultry, eggs, milk, and dairy products)	Advanced Preparation?	Cooking Procedures Please Check All That Apply				
(List potentially hazardous foods to be served)	Yes/No	Thaw	Prep	Cook	Hold	Cool	Other

Explain the thawing method/process to be used at the event: _____

_____

List remaining food and beverages to be served:

_____

_____

_____

_____