

**Madison County Health Department**  
**101 East Edwardsville Rd.**  
**Wood River, IL 62095**  
**(618) 296-6079**  
**fax (618) 692-8905**

(official use only)  
Permit #T119-\_\_\_\_\_  
Date Received \_\_\_\_\_  
Cash or Check # \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
Date Issued \_\_\_\_\_

Temporary Food Service Application

As prescribed in the Madison County Food Sanitation Ordinance, the undersigned makes application for a permit to operate a temporary food service establishment in Madison County, State of Illinois.

- Applying for:  Single Temporary Permit - One event only  
 Multiple Temporary Permit - For individual temporary food stands that operate at multiple events in Madison County

Name of Food Stand: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(P.O. Box/Street) (City) (State) (Zip)

Contact Person: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Foods items to be served in your food stand: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**All food items must be prepared on site at the event**

List events where you intend to operate in Madison County this year. Use back of this paper if necessary.

Event Name(s)	Date of Event	City
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**YOU MUST NOTIFY THIS DEPARTMENT IF ADDITIONAL EVENTS ARE ADDED THROUGHOUT THE SEASON**

CHECK ONE:	
<input type="checkbox"/> Temporary Permit Fee .....	\$75.00
<input type="checkbox"/> Temporary Permit Fee (day of event)*.....	\$125.00
<input type="checkbox"/> Multiple Temporary Permit Fee .....	\$150.00
<input type="checkbox"/> Multiple Temporary Permit Fee (day of event)*.....	\$200.00
<input type="checkbox"/> Organization/owner holds annual Madison County Food Service Sanitation Permit (fee is waived) Annual Permit Number: 119-_____	

***\* A \$50.00 day of event fee will be assessed if the completed application form and appropriate fee are not received prior to the day of the event.***

I have read and agree to abide by the Madison County Temporary Food Service Guidelines  
I affirm that the above information is true to the best of my knowledge and belief.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application form and fee to the Health Department at least 14 days prior to the event