

Permit # _____
Date Rec'd _____

Carroll County Health Department
822 S. Mill St. Mt. Carroll, IL 61053 (815) 244-8855

Temporary

Food Establishment License Application/Registration

I/we hereby apply for a license/register to operate a food establishment in Carroll County for the period indicated below.

Name of Establishment _____ Phone _____

Address _____ City _____ Zip _____

Licensee/Owner _____ Home Phone _____

Operator/Manager _____ Home Phone _____

**Not-for-Profit yes _____ no _____

NAME OF EVENT _____

DATE AND ADDRESS OF EVENT _____

Please use supplemental form to list each event separately if more than one.

HOURS OF OPERATION

Sun ___ to ___ Mon ___ to ___ Tues ___ to ___ Wed ___ to ___ Thurs ___ to ___ Fri ___ to ___ Sat ___ to ___

Foods to be served:

Temporary Food Establishment Fee.....\$25.00 per event

All religious, governmental, and state recognized not-for-profit organizations subject to this code shall be exempt from the payment of temporary fees.**

Please return this completed, signed, and dated application and stipulated fee in the form of a money order, personal check or cashier's check make payable to the Carroll County Health Department to:

**Carroll County Health Department
Attn: Environmental Health
822 S. Mill St.
Mt. Carroll, IL 61053**

I hereby declare that I have read and understand the Carroll County Food Sanitation Ordinance.

Signature/Date

** Not-for-profit organizations: You may register all of your events for the year on this application and the Supplemental Form.

Total enclosed: _____

Please submit at least 2 weeks prior to the event.