

COLES COUNTY HEALTH DEPARTMENT

825 18th Street
Charleston, IL 61920
217-348-0530

Eastern Illinois University's Celebration: A Festival of the Arts
TEMPORARY FOOD CERTIFICATE APPLICATION

Complete the application. Return to the address above or fax to 217-348-5322 no later than the deadline indicated in Terms and Conditions of the Celebration Contract. Applications submitted **after the Celebration deadline will include an additional fee.** Late applications shall be approved by **the Celebration Planning Committee.**

FOR OFFICE USE ONLY:

DATE OF APPLICATION: _____

PERMIT# _____

NAME OF ESTABLISHMENT: _____

DATE ISSUED ____/____/____

OWNER OR OPERATED BY: _____

SANITARIAN _____

ADDRESS: _____

OPERATING LOCATION(S), DATE(S) AND TIME(S): _____

MENU

FOODS: _____

DRINKS: _____

SOURCES: _____

FACILITIES AND EQUIPMENT

PREPARATION AND STORAGE FACILITIES: _____

FOOD SERVING FACILITIES: _____

CLEAN-UP FACILITIES: _____

EQUIPMENT AND UTENSILS: _____

COMMENTS: _____

I/we hereby make application for a certificate to operate a temporary food service establishment in compliance with the provisions of the Rules and Regulations for Food Handling Establishments adopted by the Coles County Health Department.

I/we hereby agree that the information given in regards to menu, event location, and other information given on this application is true and accurate.

I/we further agree that a valid certificate issued to us by the Coles County Health Department shall be in our possession and displayed on the premises at all times during operation of this temporary food service establishment.

PHONE: _____
(MUST BE PROVIDED)

SIGNED: _____
(MUST BE PROVIDED)

EMAIL: _____

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DATE OF APPLICATION: _____ (TODAY'S DATE) _____ **FOR OFFICE USE ONLY:**
PERMIT # _____
NAME OF ESTABLISHMENT: _____ (STAND SPONSOR) _____ DATE ISSUED ____/____/____
OWNER OR OPERATED BY: _____ (PREPARER OR COOK) _____ SANITARIAN: _____
ADDRESS: _____ (ADDRESS OF PREPARER OR COOK) _____
OPERATING LOCATION(S), DATE(S) AND TIME(S): _____ (NAME OF EVENT(S) I.E. WHERE YOU HOPE TO SERVE) _____

(TIME(S) AND DATE(S) OF
SERVING) _____

MENU

FOODS: _____ (PLEASE INCLUDE ITEMS TO BE PREPARED AND SERVED, e.g. TACOS, ITALIAN BEEF, HOT DOGS, HAMBURGERS, COOKIES, COTTON CANDY, ETC. / PRE-PACKAGED OR PREPARED ON SITE) _____
DRINKS: _____ (e.g. ICED TEA, PEPSI, COKE, LEMONADE, COFFEE, ETC.) _____
SOURCES: _____ (e.g. WALMART, COUNTY MARKET / NO HOME CANNED OR PREPARED FOODS, FOODS MUST BE FROM APPROVED SOURCES, MEATS SHALL CARRY USDA OR IL DEPT. OF AG INSPECTION SEAL.) _____

FACILITIES AND EQUIPMENT

PREPARATION AND STORAGE FACILITIES: (e.g. WOODEN STAND, CONCESSION TRAILER, COMMERCIAL FACILITY / NAME, ETC.) _____
FOOD SERVING FACILITIES: (e.g. SINGLE SERVICE CUPS, PLATES, UTENSILS, ETC.) _____

FACILITIES: (e.g. HANDWASHING FACILITY (SOAP, WATER, DISPOSABLE TOWELS), BLEACH WATER FOR CLEAN-UP WIPING CLOTHS, WHERE WILL EQUIPMENT BE CLEANED AFTER USE?) _____
EQUIPMENT AND UTENSILS: (e.g. REFRIGERATOR, FREEZER, DURABLE COOLER WITH DRAIN, CROCK POT, GRILL, ICE SCOOP, TONGS, LADLES, TEST KIT FOR SANITIZER, METAL-STEM THERMOMETER, ETC.) _____
COMMENTS: _____ (PLEASE INCLUDE ANY ADDITIONAL INFORMATION PERTAINING TO OPERATION) _____

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