

**COLES COUNTY HEALTH DEPARTMENT**

825 18th Street  
Charleston, IL 61920

**Eastern Illinois University Celebration of the Arts**  
**TEMPORARY FOOD CERTIFICATE APPLICATION**

Complete the application. Return to the address above or fax to 217/348-5322 no later than **23 March 2007**. Applications submitted **after 23 March 2007 but on or before 20 April 2007** must include a **\$50.00 late fee**. Applications will **not be accepted after 20 April 2007** unless accompanied by a written letter of request from Eastern Illinois University and a \$50.00 fee.

DATE OF APPLICATION: \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

OWNER OR OPERATED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OPERATING LOCATION(S),DATE(S)AND TIME(S): \_\_\_\_\_

**FOR OFFICE USE ONLY:**

PERMIT# \_\_\_\_\_

DATE ISSUED \_\_\_/\_\_\_/\_\_\_

SANITARIAN  
\_\_\_\_\_

EIU ONLY

**MENU**

FOODS: \_\_\_\_\_

DRINKS: \_\_\_\_\_

SOURCES: \_\_\_\_\_

**FACILITIES AND EQUIPMENT**

PREPARATION AND STORAGE FACILITIES: \_\_\_\_\_

FOOD SERVING FACILITIES: \_\_\_\_\_

CLEAN-UP FACILITIES: \_\_\_\_\_

EQUIPMENT AND UTENSILS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

EIU ONLY

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)

EMAIL \_\_\_\_\_

SIGNED \_\_\_\_\_  
OWNER OR REPRESENTATIVE

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DATE OF APPLICATION: \_\_\_\_\_ (TODAYS' 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)

**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.) \_\_\_\_\_ CLEAN-UP  
FACILITIES: (e.g. HANDWASHING FACILITY (SOAP, WATER, DISPOSABLE TOWELS), BLEACH WATER FOR 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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PHONE: \_\_\_\_\_ (MUST BE PROVIDED) \_\_\_\_\_ SIGNED: \_\_\_\_\_ (MUST BE PROVIDED) \_\_\_\_\_

EMAIL: \_\_\_\_\_