

Grundy County Health Department
1320 Union Street Morris, IL 60450
815-941-3115 lwells@grundyhealth.com

FILL OUT COMPLETELY - PRINT OR TYPE -INCOMPLETE FORMS WILL NOT BE ACCEPTED

PLEASE PRINT

Name of Event

Event Coordinator name Phone Email

Name of Your Stand

CONTACT INFORMATION

Contact Person (s)

Phone # Cell Phone # Fax #

Mailing Address E-Mail

City State Zip

PLEASE BE SPECIFIC

Location of Stand

Date(s) of Operation

Time of Operation

Date and Time when ready for inspection:

Signature of Applicant Date:

PLEASE PRINT

1. Is all food prepared on-site? YES NO IF NO THE FOLLOWING IS REQUIRED name and address of permitted facility where food is prepared (also include a letter from the facility granting permission for use of permitted facility and a copy of their most recent inspection report from local authority)

2. Menu: Specify foods to be served.

3. Cooling (freezing) available? (i.e. refrigerated truck, electric refrigerator, freezer, etc.)
What do you use?

4. Heating/cooking equipment available? (i.e. grill, deep fryer, flat top, etc.)

What do you use? _____

6. Hot holding available? (i.e. crockpot, steam table roaster, heat bulbs, etc.) What do you use?

7. Hand washing station (**Hand sanitizer is not a substitute for proper hand washing**) available? (i.e. potable hot/cold running water, soap, paper towels, etc.)

What do you use? _____

The following is the Grundy County Health Department Temporary Food Establishment fee schedule:

Application fees for Temporary Food establishment food permits vary based on length of event as follows:

***Vendors with onsite preparations and sampling**

1 - 5 Days \$70.00 / 6 - 10 Days \$90.00 / 11 - 14 Days \$120.00

*** Non-Profit**

1-5 days \$20.00 / 6-10 days \$25.00 / 11-14 days @30.00

*Late Fees:

Application and fee paid less than 7 days in advance: +\$20.00

Application and fee paid less than 72 hours in advance: +2 x fee

- If paying by credit card online, a copy of the receipt along with this application must still be sent to our office (via mail, fax 815-941-2389 or e-mail lwells@grundyhealth.com).
- Permits will be issued on site.
- Permit is valid for listed event only and cannot be transferred to any other person, organization, or location
- ALL FEES PAID ARE NON-REFUNDABLE

NON-PROFIT organizations must be registered as such by the State of Illinois to qualify for the NON-PROFIT fee. You may be asked for proof of this.

Temporary guidelines and checkoff list available upon request

FOR OFFICE USE ONLY

Permit# _____ Date Received _____ Received By _____
 Receipt # _____ Amount Received _____ Cash / Check# _____ CC ref. # _____