

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:** \_\_\_\_\_

*Your above stated time is NOT the time the inspector will arrive, ONLY the time you state you will be ready*

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?

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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? \_\_\_\_\_

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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 \$80.00 / 6 – 10 Days \$100.00 / 11 – 14 Days \$130.00

**\* Non-Profit**

1-5 days \$25.00 / 6-10 days \$30.00 / 11-14 days @40.00

\*Late Fees:

Application and fee paid less than 7 days in advance: +30%

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). Or checks by mail, please do not mail cash.

Payment website; <https://magic.collectorsolutions.com/magic-ui/Login/grundy-county-health-department>

- Permits will be issued on site at the time of the inspection.
- Permit is valid for listed location 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\*\****

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FOR OFFICE USE ONLY

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