Jo Daviess County Health Department
Division of Environmental Health
9483 U.S. Rt. 20 W. P.O. Box 318 Galena, IL 61036
Phone # (815) 777-0283 Fax # (815) 777-2977

Application for a Temporary Food Permit

Please Note: Effective December 1, 2003 - a $20.00 fee will be charged for each Temporary Food Permit issued. (Note: 3 or more events in the same month by the same sponsor, a $40.00 fee will apply.) Please make check payable to the Jo Daviess County Health Department and return with application.

Sponsor / Group _____

Site Address _____

_____

Site Telephone Number _____

Applicant (s) _____

Home Address _____

Telephone Number _____

Certified Food Manager _____

License Number _____

Menu: _____ Date (s) of operation _____

_____ _____

_____

_____ Hours of Operation _____

_____ _____

Proper Cooking Facilities at site _____

Water Supply _____ Municipal _____ Non-Community

Sewage Disposal _____ Municipal _____ Private

Applicant (s) _____ _____
Signature Date

Approved By _____ _____
Signature of Sanitarian Date

Permit #_____

L:EH/Food/AppTemp

ISSUED_____EXPIRES_____