

**COOK COUNTY DEPARTMENT OF PUBLIC HEALTH**  
**ENVIRONMENTAL HEALTH SERVICES**  
10220 S. 76<sup>th</sup> Avenue, Room 250  
Bridgeview, IL 60455  
(708) 974-7107 phone  
(708) 974-7120 fax

**APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT**

**Permit Fee: \$25.00 per day**

Name of Event: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

Location or address of event: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

Date(s) applicant will serve food at the event: \_\_\_\_\_

What food items will be served: \_\_\_\_\_

Is all the food purchased from an approved source(s)? (yes or no) \_\_\_\_\_

Provide the name(s) and address(es) of ALL approved sources that are utilized:

Where will the food be prepared? (on-site or off-site) \_\_\_\_\_

If off-site, provide the name(s) and address(es) of ALL the preparation facilities:

Also provide the date and time of preparation: \_\_\_\_\_

If the food is prepared off-site, how will it be transported to the event? \_\_\_\_\_

Also, how will food be maintained at safe temperatures during transportation? \_\_\_\_\_

What equipment will be used to maintain food at safe temperatures during the event? \_\_\_\_\_

I hereby declare that I have read and do understand the Temporary Food Service Establishments Regulations.

Applicant's Signature

Date