

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES
10220 S. 76th Avenue, Room 250
Bridgeview, IL 60455
gpapadopulos@cookcountyhhs.org

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT

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