

Permit# _____
Date Rec'd _____

Carroll County Health Department
822 S. Mill St., Mt. Carroll, IL 61053 (815) 244-8855

Temporary Food Establishment License Application/Registration

I/We hereby apply for a license/register to operate a food establishment in Carroll County for the period indicated below.

Name of Establishment _____ Phone _____

Address _____ City _____ Zip _____

Licensee/Owner _____ Home Phone _____

Operator/Manager _____ Home Phone _____

**Not-for-Profit yes _____ No _____

Name of Event _____

Date and Address of Event _____

Please use supplemental form to list each event separately if more than one.

Hours of Operation

Sun _____ to _____ Mon _____ to _____ Tues _____ to _____ Wed _____ to _____ Thurs _____ to _____

Fri _____ to _____ Sat _____ to _____

Foods to be served:

Temporary Food Establishment Fee.....\$25.00 per event

All religious, governmental, and state recognized not-for-profit organizations subject to this code shall be exempt from the payment of temporary fees.**

Please return this completed, signed, and dated application and stipulated fee in the form of a money order, personal check or cashier's check made payable to the Carroll County Health Department to:

**Carroll County Health Department
Attn: Environmental Health
822 S. Mill St
Mt. Carroll, IL 61053**

I hereby declare that I have read and understand the Carroll County Food Sanitation ordinance.

Signature/Date

**Not-for-profit organizations: You may register all of your events for the year on this application and the supplemental form.

Total Enclosed: _____