Carroll County Health Department  
822 S. Mill St. Mt. Carroll, IL 61053  
Phone: (815) 244-8855 Fax: (815) 244-5010

Temporary

Food Establishment Permit Application/Registration

I/we hereby apply for a permit (for-profit) or register (not-for-profit) 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 ___________________________ $40.00 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 make 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: ___________________________