

**COLES COUNTY HEALTH DEPARTMENT**  
**PROFESSIONAL FOOD PERMIT APPLICATION**  
**FEES ARE NON-REFUNDABLE –NOT VALID ON EIU CAMPUS**

**TELEPHONE:**  
217-348-0530  
Fax: 217-348-5322  
www.colesco.illinois.gov

Permit Fee.....\$125.00 NON-REFUNDABLE FEE – (Valid May 1 – Oct. 31)

DATE OF APPLICATION \_\_\_\_\_  
NAME OF ESTABLISHMENT \_\_\_\_\_  
OWNER OR OPERATED BY: (Individual Name) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

**FOR OFFICE USE ONLY:**

PERMIT # \_\_\_\_\_  
DATE ISSUED \_\_\_\_/\_\_\_\_/\_\_\_\_

**MENU**

FOODS \_\_\_\_\_  
DRINKS \_\_\_\_\_  
SOURCES \_\_\_\_\_

**FACILITIES AND EQUIPMENT**

**All foods must be prepared in a licensed and inspected kitchen, or made the day the event on site – NO home food preparation allowed.**

PREPARATION AND STORAGE FACILITIES \_\_\_\_\_  
FOOD SERVING FACILITIES \_\_\_\_\_  
CLEAN-UP FACILITIES \_\_\_\_\_  
EQUIPMENT AND UTENSILS \_\_\_\_\_  
COMMENTS \_\_\_\_\_

I/we hereby make application for a permit to operate a temporary food service establishment in compliance with the provisions of the Food Service Sanitation Code adopted by the Coles County Health Department.

I/we hereby agree that the information given in regards to menu, event location, and other information given on this application is true and accurate.

I/we further agree that a valid permit issued to us by the Coles County Health Department shall be in our possession and displayed on the premises at all times during operation of this temporary food service establishment.

PHONE \_\_\_\_\_ SIGNED \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ OWNER OR REPRESENTATIVE

**Office Use Only:**

- Permit to be issued after passing inspection
- Permit to be picked up on or after \_\_\_\_\_ (date/time)
- Consultation Date: \_\_\_\_\_
- Fee: \_\_\_\_\_ Ck# \_\_\_\_\_ Cash \_\_\_\_\_ M.O. \_\_\_\_\_ Credit Card Trans # \_\_\_\_\_ www.colesco.illinois.gov

