


OGLE COUNTY HEALTH DEPARTMENT

907 West Pines Road
Oregon, Illinois 61061
815-732-7330 x 292 or x 363

TEMPORARY FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION (1-14 Consecutive days)


Permit # _____
Date Rec'd: _____
Amount Rec'd: _____
Check #/Cash: _____
Rec'd by: _____
Approved: _____
Priority: _____
Denied: _____
(FOR OFFICE USE) by _____ (HEALTH OFFICER)
Date _____

LICENSE FEES:	NOT FOR PROFIT *	OTHER
Level I	27.50	55.00
Level II	20.00	40.00
Level III	12.50	25.00

 Fee must be paid in full PRIOR to the event. The fee for any permit issued in the field at the time of the event will be twice the amount listed above.

***NOT FOR PROFIT:**(Not-For-Profit Certification issued by the Secretary of State must be presented or on file with OCHD in order to receive this rate)

NOT-FOR-PROFIT ORGANIZATIONS:
Not-For-Profit State of Illinois ID# _____ Tax Exempt # _____

 **LATE FEE OF 50% WILL BE CHARGED FOR ANY APPLICATION NOT RECEIVED AT LEAST ONE WEEK PRIOR TO EVENT. CHURCHES, SCHOOLS & NOT-FOR-PROFIT AGENCIES ARE NOT EXEMPT FROM THIS LATE FEE.**

FEES ARE NON-REFUNDABLE

 **PLEASE COMPLETE FRONT AND BACK OF APPLICATION**

The undersigned hereby applies for a license to operate a Food Service Establishment on a temporary basis in Ogle County as follows:

APPLICANT'S NAME _____ Fax #: _____

ORGANIZATION NAME: _____

MAILING ADDRESS: _____ CITY _____ ZIP _____

CONTACT NAME _____ CONTACT PERSON TELEPHONE _____

Will a certified food manager be present? _____ If yes, please provide Food Managers

Name: _____ Food Handlers Permit #: _____

EVENT INFORMATION

EVENT NAME _____
DATE(S) OF EVENT _____
STREET LOCATION OF EVENT _____
CITY LOCATION OF EVENT _____

HOURS OF OPERATION

SUNDAY: _____ TO _____	THURSDAY _____ TO _____
MONDAY: _____ TO _____	FRIDAY _____ TO _____
TUESDAY: _____ TO _____	SATURDAY _____ TO _____
WEDNESDAY _____ TO _____	

FOODS

List **ALL** foods being served in your location:

FOODS TO BE PREPARED	COLD FOODS	HOT FOODS	CONDIMENTS	DRINKS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE CHECK ALL THAT APPLIES

WILL THERE BE:

- _____ Cooling of potentially hazardous foods
- _____ Preparing and holding (hot or cold) food far in advance (more than 12 hours before serving)
- _____ Extensive handling of raw ingredients and hand contact with ready-to-eat foods
- _____ Reheating potentially hazardous foods which have been previously cooked and cooled
- _____ Preparing food for off-site service (where time-temperature requirements during transportation, holding and service are a factor)
- _____ Vacuum packaging and/or other forms of reduced oxygen packaging are performed at the retail level
- _____ Serving of immunocompromised individuals (where these individuals comprise the majority of the consuming population)

- _____ Preparing foods for service from raw ingredients using minimal assembly
- _____ Hot or cold holding is restricted to same day service
- _____ Foods requiring complex preparation are obtained (canned, frozen, fresh prepared) from approved processing establishments

- _____ Only pre-packaged foods are available or served
- _____ Potentially hazardous foods are commercially pre-packaged in an approved processing establishment
- _____ Have limited preparation of non-potentially hazardous foods and beverages such as snack foods and carbonated beverages
- _____ Only beverages are served (alcoholic or non-alcoholic)

IF THE ABOVE EVENT IS CANCELLED, PLEASE NOTIFY THE OGLE COUNTY HEALTH DEPARTMENT AT (815)732-3201 EXT 292 (24 hour voice mail)

APPLICANTS SIGNATURE _____ **DATE** _____