

OGLE COUNTY HEALTH DEPARTMENT

907 West Pines Road ♦ Oregon, IL 61061
ph: 815-732-7330 ext. 292 or 363 ♦ fx: 815-732-1112


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

(FOR OFFICE USE)

Date Rec'd: _____
Amount Rec'd: _____
Check #/Cash: _____
Rec'd by: _____
Approved: _____
Priority: _____
Denied: _____
by: _____
(Health Officer)
Date: _____

LICENSE FEES:

Level I \$68.75
Level II \$50.00
Level III \$31.25

 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.

 **LATE FEE OF 50% WILL BE CHARGED FOR ANY APPLICATION NOT RECEIVED AT LEAST ONE WEEK PRIOR TO EVENT.**

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: _____

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 ADDRESS 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** _____