

Mason County Health Department



Public Health
Prevent. Promote. Protect.

1002 East Laurel Ave. ■ Havana, IL 62644 ■ Phone: (309) 543-2201 ■ Fax: (309) 543-2063

Temporary Food Application

Name of event _____

Location of event _____

Date (s) of event _____ Time of Operation _____

Name of temporary food service _____

Applicant's Name _____

Applicant's address _____

Applicant's daytime phone # _____

FOR OFFICE USE ONLY

Approved by: _____

Fee Paid: _____

Date Issued: _____

Log #: _____

Fees: 1-4 days---\$20

5-8 days---\$30

9-14 days--\$40

Applications received less than

3 working days before event

will be charged a \$25 late fee.

Prior Inspection: _____

LIST MENU ITEMS

Entrees _____

Beverages (including ice)

Desserts _____

Other (including condiments)

PLEASE SELECT MAIN ENTRÉE FROM YOUR MENU & DESCRIBE THE STEPS BELOW

Name of entrée _____

Purchased from _____

Prepared at _____

Preparation _____

Transportation _____

Cold Holding _____

Cooking _____

Hot Holding or ready-to-eat _____

Food Dispensing _____
