

Name of Stand

Mason County Health Department

1002 East Laurel Ave, Havana, IL 62644

Phone: (309) 210-0110 Fax: (309) 543-2063

Temporary Food Application

Fees: 1-4 days---\$30 5-8 days---\$40 9-14 days--\$50 \$25 Late Fee if application is not received prior to the event **Temporary Food Application Fees are NON REFUNDABLE**

Tunie of Stand			
Name of Event			FOR OFFICE USE ONLY
Location of Event:			Log #: T 125
Date (s) of event	Time of Food Prep		Cash/Check #
Hours of Operation Start:	End:		Approved by: Date Issued:
Contact Person Name			Checklist Inspection
Address			Inspection Onsite / Mail / Pick-up / Phone
Email address:	be emailed for one day events not	taking place during a festi	val)
Where will the food be prepared	d? ☐ At the event ☐ At an	n approved licensed	facility
Is public water available on-site	? □ Yes □ No; If no ide	entify source(If well wa	ter, must provide results of water sample)
Certified Personnel on-site?	☐ Yes; Name and License Number: ☐ No		
Food/Beverages Served		Purchased	l From

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

Name of entrée				
Transportation: How will the food be transported?				
Preparation: List steps of food preparation.				
Cold Holding: How will you store the food before it is cooked?				
Cooking: What cooking temperature is needed for that food item and how will it be cooked?				
Hot Holding or ready-to-eat: After food is cooked will it be served immediately or what kind of hot holding unit will be used and at what temperature?				
Food Dispensing: Single serve or plates and utensils				

Temporary Event Checklist

Initial each line to verify you have read and will follow each action:

	Hand washing facilities – A hand washing station (as illustrated	l) or	Proper Hana Wash Station		
	a sink (not in a restroom) shall be provided. Station must have		5 Gallon Thermal Container		
	warm running water, soap, paper towels and a bucket to collect				
	dirty water. A jug of warm water with a turn spout container is		Worm Works		
	acceptable. Station must be within 20 feet of food preparation a	rea s	oap Warm Water		
	and be set-up prior to any food handling.		* P P		
		2			
	Cold food will be kept at 41 degrees or below during	1.1.	O Continuous S Flow Spigot		
	transportation and storage. Thermometers must be present in ho	olding	0.000		
	equipment.				
	Hot food will be kept at an internal temperature of 135 degrees	or	5 Gal		
	nore after cooking.	OI			
	with the similar				
	A metal stem thermometer will be available for checking the te	mperature	of hot food and a		
	thermometer will be placed in all cold holding equipment.				
	Food shall be prepared on-site or at an off-site location approve		ealth department <u>in</u>		
	<u>advance</u> of the event. Home preparation of food is <u>not</u> allowed.				
	Three pans will be provided (or a three compartment sink) to w	ash, rinse a	and sanitize food		
	handling utensils. Utensils will be air dried.	4011, 111100	and summed tood		
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	A bucket or spray bottles containing sanitizer solution will be provided to clean food				
	preparation counters.				
	Gloves will be worn by all people handling ready-to-eat foods.				
I have rea	ad the above checklist for safe food handling and agree to imple	ment these	practices at the		
	y event for which I am applying. If I am not the responsible part		•		
	wide this checklist to the person who is responsible and ensure the	•			
practices.	. I understand that failure to follow each action may result in	revocatio	on of the temporary		
food per	mit and closure of the temporary food stand.				
Signature	e Date				
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Printed N	Jame				