Permit 1	No:	

CLARK COUNTY HEALTH DEPARTMENT

MOBILE FOOD STAND PERMIT APPLICATION

Name of Operator	•			
Mailing Address:	•		1	
	(Street)	(City)	(State)	(Zip Code)
Phone Number:	` '	E-mail:	,	` * /
ist anch fair/oven	t von will be atte	nding in Clark (ountre.	
List each fair/eyen Event		nding in Clark (County: Set-up Date	Hours of
	Date(s)			Hours of Operation
List each fair/even Event				
				

MENU-No Home Prepared Items
(Include ice/water, attach another sheet if more space is needed)

All Food Items Served to Public	Food Source	Location/How will food be prepared
Example: Hamburgers	Martin's IGA	Cooked on grill to 155 F on site
		,
- -		
		•

	Sketch the proposed booth layout below			
FACILITY & EQUIPMENT				
Type of Facility:	·			
☐ Screened/Enclosed Stand ☐ Tent ☐ Trailer ☐ Other:	_			
Clean-up;				
☐ 3 Compartment Sink ☐ Hand washing Sink or Temporary Station ☐ Bleach and Chemical Test Strips ☐ Other:				
<u>Utensils/Service:</u>				
☐ Tongs ☐ Hot/Cold Food Holding ☐ Gloves/Tissues ☐ Fryer(s) ☐ Electric Roasters ☐ Covered Grill ☐ Ice Scoop(s) ☐ Thermometer(s) ☐ Other:				
Food Sanitation Certificate Holder(s) (Strongly en	couraged):			
Name: Certificate #/St	ate:Exp. Date:			
Name: Certificate #/St	ate: Exp. Date:			
ANY LEFTOVER, POTENTIALLY HAZARDOUS FOOD FROM THE PREVIOUS DAY OR POTENTIALLY HAZARDOUS FOOD HAVING TEMPERATURES BETWEEN 41 °F AND 135 °F WILL BE DISCARDED. By signing this application, I agree to comply with the provisions of the Basic Sanitation Standards applicable to this type of food handling establishment and that said establishment will be open to inspection by the Clark County Health Department during all operation hours. It is further agreed that a valid permit issued by the Clark County Health Department will be displayed on the premises at all times during operation.				
Signed	Dated			
Return completed form to: Clark County Health Department Attn: Temp. Food Permit 997 North York St., P.O. Box 266 Martinsville, IL 62442	No fee: NFP/Government/Tax Exempt \$25: 14 days or less at one event \$50: More than one event \$40: 6 months or less at a fixed location			
Office Use Only:	F. D. i. 1			
Date Received: Date Approved:	Fee Received:			