

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: _____

Utensils/Service:

- 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 encouraged):

Name: _____ Certificate #/State: _____ Exp. Date: _____
 Name: _____ Certificate #/State: _____ 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:
 Date Received: _____ Date Approved: _____ Fee Received: _____