## GRUNDY COUNTY HEALTH DEPARTMENT TEMPORARY APPLICATION

1320 Union Street • Morris, Illinois 60450 Phone: (815) 941-3115 • Fax: (815) 941-2389

www.grundyhealth.com

**Updated 7/2023** 

environmentalhealth@grundycountyil.gov



## FILL OUT COMPLETELY - PRINT OR TYPE -INCOMPLETE FORMS WILL NOT BE ACCEPTED

PLEASE PRINT			
Name of Stand or Trailor			
Name of Event			
Event Coordinator name	Phone	Email	
<u>CONTACT INFORMATION</u>			
Contact Person (s)			
Phone #	Cell Phone #		
Mailing Address			
E-Mail			
City	State	Zip	
PLEASE BE SPECIFIC			
Location of Stand			
Date(s) of Operation			
Time of Operation			
Date and Time when ready for inspection:			
Your above stated time is NOT the time	me the inspector will arrive, ONLY the time	you state you will be ready	
Signature of Applicant	Date:		
PLEASE PRINT			
1. Is all food prepared on-site? YES NO IF I	NO THE FOLLOWING IS REQUIRED	name and address of permitted facility	
where food is prepared (also include a letter from			
		ir use or permitted facility and a copy	
of their most recent inspection report from local	i authority)		
Menu: Specify foods to be served			
3. Cold holding (freezer) available? (i.e. refrigera	ated truck, electric refrigerator, free	zer, etc.)	
What do you use?			
4. Heating/cooking equipment available? (i.e. gr	rill, deep fryer, flat top, etc.)		
What do you use?			

5. H	holding available? (i.e, crockpot, steam table roaster, heat bulbs, etc.) What do you		
use?			
6. Ha	washing station (Hand sanitizer is not a substitute for proper hand washing) available? (i.e. potable hot/o		
runn	water, soap, paper towels, etc.)		
Wha	o you use?		
The f	owing is the Grundy County Health Department Temporary Food Establishment fee schedule:		
Appl	tion fees for Temporary Food establishment food permits vary based on length of event as follows:		
*Ver	ors with onsite preparations and sampling		
1-5	Days \$80.00 / 6 – 10 Days \$100.00 / 11 – 14 Days \$130.00		
* No			
1-5 d	s \$25.00 / 6-10 days \$30.00 / 11-14 days @40.00		
*Late			
	tion and fee paid less than 7 days in advance: +30%		
Appli	tion and fee paid less than 72 hours in advance: +50%		
MAK	READ BELOW!!!!! CHECK OR MONEY ORDER PAYABLE TO: GRUNDY COUNTY HEALTH DEPARTMENT		
Onli	payment link: https://magic.collectorsolutions.com/magic-ui/Login/grundy-county-health-department		
Pleas	forward confirmation of CC payment to: environmentalhealth@grundycountyil.gov		
•	Permits will be issued on site at the time of the inspection.		
•	Permit is valid for listed location only and cannot be transferred to any other person, organization, or location		
•	ALL FEES PAID ARE NON-REFUNDABLE		
	ROFIT organizations must be registered as such by the State of Illinois to qualify for the NON-PROFIT fee. You ma d for proof of this.		
	**Temporary guidelines and checkoff list available upon request**		
****	**************************************		
	Date Received Received By		
	Receipt #Amount ReceivedCash / Check#CC ref. #		