



Perry County Health Department
Office of Health Protection
107 South Main
Pincneyville IL 62274

Temp Food Application

Basic Information

please print

Business Name _____

Point of Contact _____

Point of Contact Phone # _____

Address _____

City _____ State _____ Zip _____

Do you have a Certified Food Manager? If yes what is the Name and Number on License _____

Fee Information (check one)

Class 1 / Operates for more that 8 consecutive days at one location

.00*

Class 2 / Operates for 7 or less consecutive days at one location

\$25.00*

*There shall be no fees charged for permits to any school, religious, voluntary or not-for-profit community organization or institution. An application is, however, still required to be on file.

Additional Information

Date(s): _____ **Event:**

Proposed Menu (include drinks and condiments):

Food Purchased from (include City):

I, hereby, certify the above information to be true and correct to the best of my knowledge. The food establishment consents to unannounced inspections by Perry County Health Department in order to determine compliance with the food ordinance and code.

Signature _____ **Date**
