



# Fayette County Health Department

416 W. Edwards St. Vandalia Il 62471 Ph. (618) 283-1044 Fax (618) 283-5038



### Check each box to verify you have read each action...

Hand washing facilities – A hand washing station (as illustrated) or a sink (not in a restroom) will be provided. Either must be within 20 feet of the place where food is being handled. Either must have running water, soap in a dispenser, and paper towels. (Note: Portable water supply must have spigot to allow water to flow freely – no push buttons allowed).

Cold food will be kept at 41 degrees or lower while in storage.  
Describe how food will be kept cold:

\_\_\_\_\_

\_\_\_\_\_

Hot food will be kept at 135 degrees or higher after cooking.  
Describe how food will be kept hot:

\_\_\_\_\_

\_\_\_\_\_

A stem thermometer will be available for checking the temperature of hot food and a thermometer will be placed in all cold holding equipment.

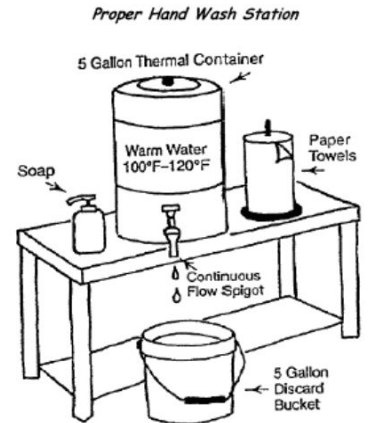
Food will only be prepared on-site or at an off-site location approved in advance of the event by the Fayette County Health Department. **There will be no home preparation of food.**

Three pans will be provided (or a three compartment sink) to wash, rinse, and sanitize food handling utensils. Utensils will be air dried. What type of sanitizer will be used:

\_\_\_\_\_

A bucket or spray bottle containing sanitizing solution will be provided to clean food preparation counters.

Gloves will be worn by all people handling ready-to-eat food.



**I have read the checklist above for safe food handling and agree to implement these practices at the temporary event. If I am not responsible for food handling at the event, I will provide this checklist to the person who is responsible for food handling and will make sure they agree to abide by these practices. If you have questions, or the event is cancelled, call the Fayette County Health Department at (618)-283-1044.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



### Temporary Food Establishment Permit Application

Name of Establishment / Booth: \_\_\_\_\_  
 Operator in Charge of the Booth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Event Name: \_\_\_\_\_  
 Date(s) of Event: \_\_\_\_\_  
 Set-up Time: \_\_\_\_\_ Starting Serving Time: \_\_\_\_\_ Ending Serving Time: \_\_\_\_\_

Method of hand washing available: \_\_\_\_\_

Food Preparation Location: \_\_\_\_\_

***\*\*Food shall be prepared on site or in a facility pre-approved by this Department. Food shall not be prepared in residential kitchen facilities.***

Menu Items	Source (where menu items are purchased)

If any certified Food Service Safety Managers will be present, please list their information:

Name: _____	FSSMC Number: _____	Date of Renewal: _____
_____	_____	_____

Establishment Fees:  
 \_\_\_\_\_ For Profit - \$25.00  
 \_\_\_\_\_ Non-Profit – No Fee

***\*\*Please submit permit application and payment at least 2 weeks prior to the event.***

**TURN FORM OVER TO COMPLETE** 