



DeWitt-Piatt

Bi-County Health Department

PREVENT • PROMOTE • PROTECT

www.dewittpiatthealth.com

Permit Application for Temporary Food Establishments

Name of Business, Club, etc.: _____

Name of Applicant: _____

Mailing Address: _____ City _____ Zip _____

Signature: _____ Telephone (____) _____

MENU:

Cold Foods:	Hot Foods:	Other:

Food Source (County Market, Sam's, etc.): _____

Preparation Site (on-site or name of approved kitchen): _____

Temporary Food Permit Fees (check one): _____ \$50.00 per stand for 1-2 day event
 _____ \$75.00 per stand for 3-14 day event
 _____ \$100.00 Seasonal Permit- (good for 6 months)
 _____ *Not For Profit Group-Fee Exempt*

****An additional \$10 will be charged if application is not received at least 7 days prior to date of event.**

Return your application to: 1020 S. Market St., Monticello, IL 61856 or P.O. Box 518, Clinton, IL 61727

Please list the event/events in DeWitt and /or Piatt County where your food stand will be in operation.

Event _____ Stand Location _____ Date _____

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FOR OFFICIAL USE ONLY

Approved by _____ Date _____ Permit #: _____ Fee Paid: Cash _____

Check _____ NFP _____ Comments: _____