

TEMPORARY PERMIT



Category _____
Fee Amount _____
Establishment# _____

(Official Use Only)

ST. CLAIR COUNTY HEALTH DEPARTMENT
Environmental Health Division
#19 Public Square, Suite 150
Belleville, IL 62220
618/233-7769

FOOD SERVICE SANITATION PERMIT APPLICATION

St. Clair County Food Ordinance 90-209 requires any person operating a food service establishment or retail food store to possess a valid permit issued by the St. Clair County Health Department.

Instructions: Please complete this form and return it along with the appropriate fee amount to the St. Clair County Health Department by _____. Facilities which fail to obtain a valid permit will not be allowed to operate in St. Clair County.

Name of Establishment _____ (Check one)
Address _____ Ownership _____
City _____ St _____ Zip _____ Individual _____
Partnership _____
Corporation _____

Business Phone _____ Emergency Phone _____ Fax# _____

FEE CATEGORIES

PLEASE CIRCLE THE CORRECT FEE FOR YOUR FACILITY TEMPORARY FOOD SERVICE ESTABLISHMENT:

- a) not less than 4 consecutive days nor more than 14 consecutive days in the same location..... \$60.00
- OR
- b) 3 day temporary license..... \$35.00
- OR
- c) not-for-profit organizations operating food service establishments, taverns or bars operated by Religious, Voluntary, or Non-Profit Community Service organizations..... \$ 0.00

I affirm the above information is true to the best of my knowledge and belief.

Applicant's Signature _____ Date _____ Amount _____

PERMITS ISSUED TO A FACILITY ARE NOT TRANSFERABLE
ALL PERMITS EXPIRE DECEMBER 31ST OF EACH CALENDAR YEAR.
PERMIT FEES ARE NOT REFUNDABLE. RETURNED CHECKS INCURE A \$25.00 FEE

FOR OFFICIAL USE ONLY

Amount Received _____ Received by _____ Date _____