

Monroe County Health Department

901 Illinois Avenue, Suite A Waterloo, IL 62298

(618)939-3871

APPLICATION FOR TEMPORARY FOOD EVENT REGISTRATION

	Name:	Address:	Phone Number:
Vendor			
Sponsored Business			
CERTIFIED FOOD HANDLERS:			
	Name:	ID Number:	Expiration Date:

Please list the items you will be preparing at this event:

Vendor's Statements:
<ol style="list-style-type: none">1. This food will only be sold at this Temporary Food Event.2. I will place a placard at my stand with the following information: "These products are produced at a temporary food event site that may not be subject to public health inspection and that may also process common food allergens."3. I understand that if my product received a complaint, or if the Monroe County Health Department believes an imminent health hazard exists, including suspicion that a foodborne illness outbreak has occurred, my operation will cease until it is deemed safe by the Monroe County Health Department. I agree to have the Monroe County Health Department, at their discretion, inspect my premises if such complaint or foodborne illness outbreak occurs.
Signature(s) of Vendor: _____
Date: _____ Health Department Approval: _____