

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

ENVIRONMENTAL HEALTH SERVICES

10220 S. 76th Avenue

Bridgeview, IL 60455

(708) 974-7118 phone

(708) 974-7120 fax

South West District fax 708-974-7120

North District fax 847-818-2464

**APPLICATION FOR “TEMPORARY” AND “FARMER’S MARKET”
FOOD VENDOR PERMIT**

Name of event:

Location or address of event:

Name of applicant:

Address:

Telephone number(s):

Date(s) applicant will serve food at the event:

List all food items that will be served:

Provide the name(s) and address(es) of ALL approved food sources that are utilized: Also provide a copy of their business license and last two inspection reports.

Where will the food be prepared? (*on-site* or *off-site*)

If off-site, provide the name(s) and address(es) of ALL the preparation facilities:

Provide the date and time of preparation: If the food is prepared off-site, where will food be stored prior to the event and how will it be transported to the event?

Also, how will food be maintained at safe temperatures during transportation?

What equipment will be used to maintain food at safe temperatures during the event?

I hereby declare that I have read and do understand the “Temporary Food Service Establishments Regulations” and “Farmer’s market regulations”.

Applicant’s Signature

Date