



Jersey County Health Department

1307 State Hwy. 109
Jerseyville, Illinois 62052
Equal Opportunity Employer

Phone: 618-498-9565
FAX: 618-498-6291
Website: www.jerseycountyhealth.org

Mobile Food Establishment Permit Application

Applying for:

<input type="checkbox"/> Mobile Food Establishment- Based in Jersey County, Illinois- \$100.00 <input type="checkbox"/> Mobile Food Establishment- Based outside of Jersey County, Illinois- \$100.00 <input type="checkbox"/> Not- for- profit organization (No fee required. Must provide a tax-exempt number.) Tax Exempt Number: _____

Name of Establishment/Vendor: _____

Person in Charge: _____

Mailing Address: _____
(P.O. Box/Street) (City) (State) (Zip)

Contact Phone Numbers: _____

E-mail: _____

Commissary Information

- Our Mobile Food Establishment does not have a commissary and can function independently.

Name of Commissary: _____

Owner of Commissary: _____

Mailing Address: _____
(P.O. Box/Street) (City) (State) (Zip)

Contact Phone Number: _____

E-mail: _____

Certified Food Protection Manager

Certificate Holder:

Certificate Holder:

Certificate Number & Expiration Date:

Certificate Number & Expiration Date:

Event Details (Please include additional events on back):

Name of Event: _____

Date(s) of Event: _____

Location of Event: _____

Name of Event: _____

Date(s) of Event: _____

Location of Event: _____

How will the potable water be provided and heated?

How will wastewater be disposed of?

What type of equipment will be used to maintain food at 135 F and higher?

What type of equipment will be used to maintain food at 41 F and below?

What type of equipment will be used to cook time/temperature-controlled foods?

What type of equipment will be used for hot holding time/temperature-controlled foods?

What type of sanitizer will be used?

What will be the source for ice used?

What food items will be prepared and served? *(Include menu if able)*

All food and food supplies must be from an approved source. Please list your sources/suppliers:

How will you prevent bare hand contact with ready to eat foods? Check all that apply.

- Single use Disposable Gloves
- Scoops
- Deli Wax Paper
- Tongs
- Spoons
- Other: _____

Please attach the following documents when submitting application:

- If the mobile food establishment is based in Jersey County, please attach a plan review with non- scaled drawing
- If the mobile food establishment is not based in Jersey County, please attach the most recent inspection or letter of approval from home-based county.

Please initial the following:

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

_____ I have received a copy of the Jersey County Health Department's Mobile Food Service Guidelines and fully understand that failure to abide by these guidelines may result in interruption of service and/or destruction of time/temperature-controlled foods.

_____ I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this license and the operation of this business.

Applicant's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

(OFFICIAL USE ONLY)

Date Received: _____ Amount Paid: _____ Check # or Cash: _____

Approved By: _____ Date: _____

Permit No. _____ Date of Permit Issuance: _____