



Perry County Health Department
Division of Environmental Health
907 South Main
Pinckneyville IL 62274
Ph# (618) 357-5371

Temp Food Application

Establishment Information

please print

Business Name _____

Owner, Partnership or Corporation

Name _____ Ph# _____

Address _____

City _____ State _____ Zip _____

Fee Information (check one)

Class 1 / Operates for more that 8 consecutive days at one location \$50.00*

Class 2 / Operates for 7 or less consecutive days at one location No Fee

*There shall be no fees charged for permits to any school, religious, voluntary or not-for-profit community organization or institution. An application is, however, still required to be on file.

Additional Information

Date(s): _____ Event: _____

Proposed Menu (include drinks and condiments):

Food Purchased from (include City):

I, hereby, certify the above information to be true and correct to the best of my knowledge. The food establishment consents to unannounced inspections by Perry County Health Department in order to determine compliance with the food ordinance and code.

Signature _____ Date _____

For office use only: _____

Application received by _____ Date _____