

Stephenson County Health Department  
295 W. Lamm Rd.  
Freeport, Il 61032  
(815) 599-0344  
(815) 235-9356 Fax

PERMIT # \_\_\_\_\_  
Date rec'd \_\_\_\_\_

**TEMPORARY**

**FOOD ESTABLISHMENT LICENSE APPLICATION**

I/we hereby apply for a license to operate a food establishment in Stephenson County for the period indicated below.

Name of Establishment: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Licensee/Owner: \_\_\_\_\_ Home phone: \_\_\_\_\_

Operator/Manager: \_\_\_\_\_ Home phone: \_\_\_\_\_

Non Profit Yes \_\_\_\_\_ No \_\_\_\_\_

**NAME OF EVENT** \_\_\_\_\_ **Food Served** \_\_\_\_\_

**DATE & ADDRESS OF EVENT** \_\_\_\_\_

**Hours of Operation**

Sun \_\_\_ to \_\_\_ Mon \_\_\_ to \_\_\_ Tues \_\_\_ to \_\_\_ Wed \_\_\_ to \_\_\_ Thurs \_\_\_ to \_\_\_ Fri \_\_\_ to \_\_\_ Sat \_\_\_ to \_\_\_

**\*\* Please Provide Photocopies Of Supporting Paperwork For Non-Profit Designation\*\***

TEMPORARY FOOD ESTABLISHMENT.....\$55.00  
Out of County..... \$75.00

A \$25.<sup>00</sup> Late Fee shall be assessed to applications received less than 48 hours prior to the event.

**All religious, government, and state recognized non-profit organizations subject to this code shall be exempt from the payment of temporary fees if supporting paperwork is attached.**

Please return this completed, signed, dated application and fee in the form of a money order, personal check or cashier's check made payable to the **Stephenson County Health Department**

Mail signed application and fee to: Stephenson County Health Department  
Environmental Health Office  
295 W. Lamm Rd.  
Freeport, Il 61032

**I hereby declare that I have read, understand and will fully comply with the Stephenson County Food Sanitation Ordinance.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date