

STEPHENSON COUNTY HEALTH DEPARTMENT  
295 W. Lamm Rd. Freeport IL 61032 (815) 599-0344

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 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

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

\*\*Non-profit            yes \_\_\_\_\_ no \_\_\_\_\_

NAME OF EVENT \_\_\_\_\_

DATE AND ADDRESS OF EVENT \_\_\_\_\_

**Hours of Operation**

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

Temporary Food Establishment.....\$50.00

PLEASE PROVIDE PHOTOCOPIES OF SUPPORTING PAPERWORK FOR NON-PROFIT DESIGNATION.

**All religious, governmental, 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 stipulated 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 and understand the Stephenson County Food Sanitation Ordinance.

\_\_\_\_\_  
Signature