

Bond County Health Department

1520 South Fourth Street
Greenville, IL 62246
Phone: (618) 664-1442 Fax: (618) 664-1744

Application for Permit Temporary Food Service Establishment

Name of Business _____
Location of Business: <input type="checkbox"/> American Farm Heritage Museum <input type="checkbox"/> Bond County Fair <input type="checkbox"/> Other _____

Type of Ownership

Name and Address of Owner

- ____ Corporation
- ____ Individual
- ____ Organization
- ____ Partnership

Name of Manager: _____ Phone Number: _____

Mail address or e-mail address: _____

Application is hereby made for a permit to operate a Temporary Food Service Establishment within Bond County, Illinois. By this Application it is agreed that the enterprise will comply with the provisions of the Illinois Food Service Sanitation Code. It is further agreed that said food service establishment or retail food store shall be open to inspection by the Bond County Health Department during normal working hours.

Signature of Applicant

Date

Date Inspected _____

By _____

Date Permit Issued _____

By _____