



**Public Health**  
Prevent. Promote. Protect.

**Mercer County Health Department**  
**Kyle Lloyd, Environmental Health Inspector**

305 NW 7<sup>th</sup> Street  
Aledo, Illinois 61231  
(309) 582-3759

**MERCER COUNTY EVENT FOOD SERVICE APPLICATION**

As prescribed in section 4.1, A & B in the Mercer County Health Ordinance, the undersigned makes application for a permit to operate a temporary food service establishment/stand in Mercer County. Said application for a permit must include an application fee of \$30.00. **This applies to all vendors.**

NAME OF ORGANIZATION: \_\_\_\_\_ PHONE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ EVENT: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

FOOD ITEMS SERVED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOURCE OF WATER: ( ) CITY WATER ( ) COMMERCIALLY BOTTLED ( ) WELL  
METHOD FOR HEATING WATER: \_\_\_\_\_  
TYPE OF REFRIGERATION: \_\_\_\_\_  
SINGLE SERVICE DISHES & UTENSILS: ( ) YES ( ) NO  
METHOD OF UTENSIL CLEANING & SANITATION: \_\_\_\_\_  
HANDWASHING STATION: ( ) YES ( ) NO

I hereby certify that the above information is true and correct, and I have read and agree to abide by the Mercer County Temporary Food Service Guidelines.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This permit is not valid until signed and numbered by Mercer County Health Department personnel. This permit is only valid for dates indicated and is not transferrable to another person, location, or another event.

Permit Fee of \$30.00 enclosed: ( ) YES ( ) NO

INSPECTION COMMENTS	CORRECT BY

PERMIT # \_\_\_\_\_ ISSUED ON \_\_\_\_\_ EXPIRES ON \_\_\_\_\_

Approved by: \_\_\_\_\_

**Please complete the enclosed license application and return with fee prior to the event.**