

# TEMPORARY PERMIT



**ST. CLAIR COUNTY HEALTH DEPARTMENT**  
Environmental Health Division  
#19 Public Square, Suite 150  
Belleville, IL 62220  
PH: 618/233-7769  
FAX: 618/233-7769

Category \_\_\_\_\_

Fee Amount \_\_\_\_\_

## FOOD SERVICE SANITATION PERMIT APPLICATION

St. Clair County Food Ordinance 90-209 requires any person operating a food service establishment or retail food store to possess a valid permit issued by the St. Clair County Health Department.

**Instructions:** Please complete this form and return it along with the appropriate fee amount to the St. Clair County Health Department. Facilities which fail to obtain a valid permit will not be allowed to operate in St. Clair County.

Name of Establishment \_\_\_\_\_ (Check one)  
Address \_\_\_\_\_ Ownership \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Individual \_\_\_\_\_  
Partnership \_\_\_\_\_  
Corporation \_\_\_\_\_  
Owner/Licensee \_\_\_\_\_  
Business Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Fax# \_\_\_\_\_

I affirm the above information is true to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature Date Amount

PERMITS ISSUED TO A FACILITY ARE NOT TRANSFERABLE or REFUNDABLE.  
RETURNED CHECKS INCURE A \$25.00 FEE

*We are accepting credit and debit cards for the payment of account balances. Credit/Debit card transactions will be subject to a 3% convenience fee in addition to the permit fee.*

### FEE CATEGORIES

**PLEASE CIRCLE THE CORRECT FEE FOR YOUR FACILITY TEMPORARY FOOD SERVICE ESTABLISHMENT:**

Event \_\_\_\_\_ Date of service from \_\_\_\_\_ to \_\_\_\_\_  
Types of food being served \_\_\_\_\_

- a) not less than 4 consecutive days nor more than 14 consecutive days in the same location..... \$75.00  
OR
- b) 3 day temporary license..... \$50.00  
OR
- c) not-for-profit organizations operating food service establishments, taverns or bars operated by Religious, Voluntary, or Non-Profit Community Service organizations..... \$ 0.00



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## Temporary Food Permit Debit/Credit Card Information

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### **CARDHOLDER INFORMATION**

Establishment Name: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

### **CREDIT CARD INFORMATION**

Credit Card Type:  MasterCard  Visa  Discover

Number: \_\_\_\_\_

Expiration Month/Year: \_\_\_\_\_ Security Code: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you