

# Temporary Food Permit Application

## Section I

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

## Section II

### Certified Food Service Manager(s)

<b>Employee Name</b>	<b>Certification Number</b>	<b>Expiration Date</b>

**(Over)**

**Section III**

**Signed:** \_\_\_\_\_ **Owner or Designee** (please circle one)

**Date:** \_\_\_\_\_

**Please make checks in the amount of \$40.00 payable to:**

**Cumberland County Health Department  
200 S. Indiana Street  
PO Box 130  
Toledo, IL 62468**

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**For Health Department Use**

**Permit Number:** \_\_\_\_\_

**Permit issued by:** \_\_\_\_\_

**Date:** \_\_\_\_\_