

TEMPORARY PERMIT APPLICATION

Champaign-Urbana Public Health District
201 W. Kenyon Rd.
Champaign, IL 61820
Phone: 217/373-7900
Fax: 217/373-7905
www.cuphd.org

Please print or type

Name of event _____

Location of event _____
street address city

Date(s) of event _____ Time of operation _____

Name of temporary food service _____

Applicant's name _____

Applicant's address _____
street address city state zip

Applicant's daytime phone # _____

FOR OFFICE USE ONLY
Approved by: _____
Fee paid: _____
Issued by: _____
Date issued: _____

DRAW PROPOSED LAYOUT

Indicate equipment location; hand washing location; type of overhead protection, etc. How will you dispense food to avoid consumer contamination of your food (i.e., breath protectors, tables)?

LIST MENU ITEMS

Entrees

Beverages (including ice)

Desserts

Other (including condiments)

NOTE:

Temporary health permit fees:
1 day - \$50; 2-14 consecutive days - \$75
(city license fee may also apply)
501 (c)(3) - \$0

Applications & fees must be submitted to C-UPHD a MINIMUM OF TWO WEEKS prior to the start of the temporary event or they may not be approved. Applications submitted less than 72 hours prior to the event will be charged a late fee of \$25.

COMPLETE FLOW CHART ON REVERSE SIDE →

PLEASE SELECT ENTREE(S) FROM YOUR MENU & DESCRIBE THE STEPS BELOW

Name of entree _____

Purchased from _____

or

Prepared at _____

Name of entree _____

Purchased from _____

or

Prepared at _____

