Office Use Only:
Date Rec'd:
Date Approved:
Fee Rec'd:

EGYPTIAN HEALTH DEPARTMENT MOBILE FOOD TRUCK/PUSHCART PERMIT APPLICATION-\$100.00

Business Name: _				
Name of Operator	:			
Mailing Address:				
C .	(Street)		(City) (State)	(Zip Code)
Phone Number:		Email:		

MENU-(Include ice/water; Attach another sheet/page if more space is needed)

All Food Items Served	Food Source	Location/How will food be
to Public		prepared
Example: Ham Sandwich	Sam's Club	Assembled and individually wrapped at commissary

1412 US 45 N Eldorado, IL 62930 618-273-3326 1705 College Ave Carmi, IL 62821 618-382-7311 112 E. Main St., P.O. Box 181 Ridgway, IL 62984 618-272-5751

Provide a drawing of the proposed unit layout below.

_							
Type of Unit:							
Food Truck							
Pushcart							
Other:							
Clean-up:							
3 Compartme	ent Sink g Sink or Temporary Station						
Bleach & Che	emical Test Strips						
Ouler							
Commissary Loc on type of food(s) so	cation (will vary depending old):						
	parated from main living area)						
	food service facility (provide						
C	copy of commissary agreement)						
Food Sanitation	Certificate Holder(s):						
Name:	Certificate #/State: _	Exp. Date:					
Name:	Certificate #/State: _	Exp. Date:					
ANY LE	EFTOVER, POTENTIALLY HA	ZARDOUS FOOD FROM THE					
	OUS DAY OR POTENTIALLY H						
TEMPER	TEMPERATURES BETWEEN 41°F AND 135° F WILL BE DISCARDED.						
By signing	g this application. I agree to comply	with the provisions of the Basic Sanitation					
Standards	applicable to this type of food hand	ling establishment and that said					
	establishment will be open to inspection by the Egyptian Health Department during all operation hours. It is further agreed that a valid permit issued by the Egyptian Health Department will be displayed on the premises at all times during operation.						
Health De	partment will be displayed on the p	comises at an times during operation.					
Sign		Date					
Payment by credit	card (Visa/Master Card Only):						
Credit Card Numb	er						
	Iame on Card Exp. Date Ip of Billing Address Phone Number						