



TOWNSHIP OF BERWYN
PUBLIC HEALTH DISTRICT

"A TRADITION OF SERVICE"
6600 W. 26th Street • Berwyn, IL 60402
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ELIZABETH A. PECHOUS
Supervisor
President, Board of Health

MARGARET PAUL
Town Clerk/Secretary

DAVID J. AVILA
Assessor/Treasurer

APPLICATION FOR TEMPORARY
FOOD SERVICE PERMIT

Must be filed with the Department at least two (2) weeks prior to event.

Name of Organization: _____

Name of Event: _____

Date of Event: _____ Time: _____

Location/Address of Event: _____

Phone: _____

Name of Vendor: _____

Vendor Address: _____

Phone: _____

What food items will be served: _____

All food must be purchased from approved source(s). Provide names and address of all sources utilized:

Will food be prepared on or off site of event? _____

If off-site, provide name(s) and address(es) of all providers and date(s) & time(s) of preparation:

How will food be transported and how will it be maintained at safe temperature during transportation?

What equipment will be used to maintain safe temperatures during event?

Name of Certified Sanitarian _____

Certificate # _____ Expiration Date _____

(State of Illinois Certificate or equivalent required. No Temporary Festival Certificates will be accepted.)

I hereby declare that I have read and understand the Temporary Food Service Establishment regulations.

Applicant's Signature: _____ Date: _____