

**CITY OF ROCK ISLAND
 TEMPORARY FOOD AND BEVERAGE PERMIT
 APPLICATION**



VENDOR NAME OR ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: (_____) _____

CONTACT PERSON: _____

EVENT: _____ EVENT DATES: _____ STARTING TIME: _____

MENU ITEMS:

- 1) POTENTIALLY HAZARDOUS FOODS MUST BE KEPT ABOVE 140 DEGREES OR BELOW 41 DEGREES FAHRENHEIT.
- 2) FOOD AND ICE DISPENSING UTENSILS STORED IN PRODUCT OR ON A CLEAN AND DRY SURFACE.
- 3) SINGLE SERVICE ITEMS PROTECTED FROM CONTAMINATION.
- 4) FOOD PROTECTED FROM CONTAMINATION (COVERED, STORED OFF FLOOR).
- 5) CLEAN CLOTHES AND HANDS, HAIR RESTRAINTS.
- 6) SMOKING PROHIBITED INSIDE STAND.

(FOR OFFICE USE ONLY)

FACILITY/ EQUIPMENT REQUIREMENTS

1) THERMOMETERS TO CHECK TEMPERATURE OF POTENTIALLY HAZARDOUS	Y	N	N/A
2) SCOOPS, TONGS, ETC. PROVIDED FOR DISPENSING ICE	Y	N	N/A
3) ONLY SINGLE SERVICE FLATWARE, PLATES, CUPS FOR PATRON USE	Y	N	N/A
4) FOOD OBTAINED FROM APPROVED SOURCES	Y	N	N/A
5) SANITIZING (BLEACH) SOLUTION FOR CLEAN-UP	Y	N	N/A
6) REFUSE CONTAINERS WITH COVERS	Y	N	N/A
7) HAND WASHING FACILITY, NO COMMON TOWELS	Y	N	N/A
8) INDIVIDUAL CONDIMENT PACKETS	Y	N	N/A
9) SCREENS, AWNINGS, TENTS AS REQUIRED	Y	N	N/A
10) HEATING & MECHANICAL COOLING EQUIPMENT	Y	N	N/A
11) SUPPLY OF SAFE WATER FOR COOKING AND CLEANING	Y	N	N/A

**TEMPORARY LICENSE FEE: \$40.00 OBTAINED MORE THAN (2) WORKING DAYS PRIOR TO EVENT
 \$80.00 OBTAINED LESS THAN (2) WORKING DAYS PRIOR TO EVENT**

LICENSE #: _____

DATE: _____

HEALTH INSPECTOR

AMOUNT: _____

RECEIPT #: _____

CHECK #: _____

CITY OF ROCK ISLAND INSPECTIONS DEPARTMENT
 1528 3RD AVE, ROCK ISLAND, IL 61201
 (309) 732-2915