Williamson County Office: 8160 Express Drive Marion, IL 62959-5817 Phone 618/993-8111 FAX 618/993-6455



Franklin County Office: 403 East Park Benton, IL 62812-1920 Phone 618/439-0951 FAX 618/438-3005

www.bicountyhealth.org

TEMPORARY FOOD SERVICE PERMIT APPLICATION

Please return Fee & Application to the Department Prior to the event. Make Checks Payable to Franklin-Williamson Bi-County Health Dept. FEE: \$55.00

Name of Business / Organization:	
	Phone:
Address of Applicant:	
Name / Location of Event:	Event Date(s):
Days of Operation:	
Hours of Operation:	
	Phone:
Menu: (Listing of proposed food products to b	e sold or given away)
1	5
2	6
3	7
4	8
Counties. By application, it is agreed that the e	e Establishment to operate in Franklin/Williamson stablishment will comply with the provisions of the pe of food handling establishment. A permit must be nent to arrange a date / time for an inspection.
Signature of Owner(s)	Date
********	**********
Comments:	
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