

**APPLICATION FOR CONCESSIONS
TO OPERATE AT THE
ILLINOIS STATE FAIR GROUNDS (Non-State Fair Event)**

Illinois Department of Public Health

Submit an application for each booth/unit.

Name of Concession: _____

Name of Person-In-Charge (PIC): _____

PIC Address/City/State: _____

PIC Telephone Number: _____ PIC Email Address: _____

Event Name: Illinois Products Farmers Market

General Location on Fairgrounds: "The Shed"

Dates of Operation: _____ Time(s) of Operation: _____

Set up time: _____

Will someone knowledgeable in food safety requirements be available at this concession? YES NO

Food Preparation Location: _____
(if different from serving location)

If food will be transported after preparation, list method of transport: _____

Date(s) of Preparation: _____
(if different from operation date(s), you will need a separate inspection with this Department)

Menu Items	Source (where menu items/ingredients are purchased)

I agree to adhere to the provisions required for food service facilities according to the Illinois Food Service Sanitation Code (77 Ill. Adm. Code 750).

Signed _____ Date _____

Return this application at least two (2) weeks prior to your event via email, mail or fax to: Sangamon County Dept. of Public Health, Division of Environmental Health
2833 South Grand Ave East, Springfield, IL 62703

Email: envhealth@co.sangamon.il.us

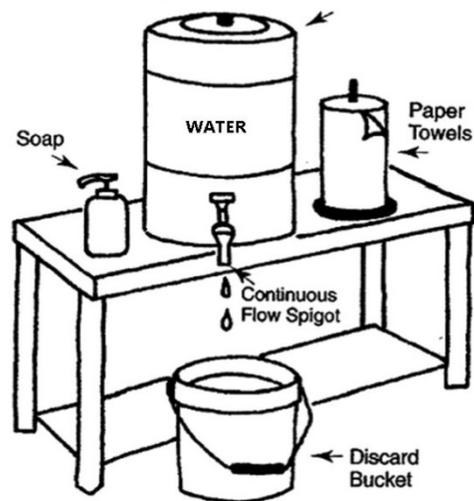
Fax: (217) 747-5103

A copy of the Illinois Food Service Sanitation Code (77 Ill. Adm. Code 750) can be viewed online at

<http://www.ilga.gov/commission/jcar/admincode/077/07700750sections.html>
<http://www.dph.illinois.gov/topics-services/food-safety/retail-food>

Temporary Food Event Checklist for Safe Food Handling

(See *Temporary Stand Guidelines for a comprehensive list.*)



Check each box to verify you have read each action...

- Hand washing facilities – A hand washing station as illustrated or a sink (not in a restroom) will be provided. Either must be within 20 feet of the place where food is being handled. Either must have running water, soap in a dispenser, and paper towels. (Note: Portable water supply must have spigot to allow water to flow freely – no push buttons allowed).

- Cold food will be kept at **41 degrees** or less while in storage – describe below how food will be kept cold.
_____.

- Hot food will be kept at **135 degrees** or more after cooking – describe below how food will be kept hot.
_____.

- A stem thermometer will be available for checking the temperature of hot food and a thermometer will be placed in all cold holding equipment.

- Food will only be prepared on-site or at an off-site location approved in advance of the event by the SCDPH. There will be no home preparation of food.

- All food preparation, cooking, service, and grills will be under a tent or roof. If the event is two or more days in length, the preparation and service areas will have floors, back, sides, and fans to provide an air curtain at the front opening. All mobile units will have screens and/or working air curtains (fans) at all open windows and doors.

- Three pans will be provided (or a three compartment sink) to **wash, rinse, and sanitize** food handling utensils. Utensils will be air dried. Type of sanitizer to be used: _____

- A bucket or spray bottles containing sanitizer solution will be provided to clean food preparation counters.

- Gloves will be worn by all people handling ready-to-eat food.

I have read the checklist above for safe food handling and agree to implement these practices at the temporary event. If I am not responsible for food handling at the event, I will provide this checklist to the person who is responsible for food handling and will make sure they agree to abide by these practices. If you have questions, or the event is cancelled, call the SCDPH (217-535-3145) between 8:00 a.m. – 4:30 p.m. Monday – Friday. After those hours, call the Sangamon County Sheriffs Department non-emergency number (217-753-6666) and ask the dispatcher to contact the County Health Department.

Signature **X** _____

Date _____

Printed Name _____

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For Office Use Only
.....

_____/_____/_____
Review Date

Environmental Health Staff Signature