



Health Department
City of East Moline
912 16th Avenue | East Moline, IL 61244 | 309-752-1510

Temporary Food and Beverage Application

A temporary food service license is required for any food establishment operating at a fixed location in conjunction with a single event. License may not exceed five (5) days unless otherwise authorized by the Health Department.

APPLICATIONS FOR A FOOD SERVICE LICENSE MUST BE SUBMITTED 10 DAYS PRIOR TO EVENT.

Please attach a menu with your application

EVENT NAME

Dates of Event Starting Date: _____ Ending Date: _____

Event Location _____

Event Organizer _____ Phone: _____

Event Organizer Email _____

Facility Type: Booth Mobile Permanent Building Pushcart

VENDOR INFORMATION

Vendor Business Name: _____

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

If different than above:

Onsite Manager: _____ Phone: _____

FOOD PROTECTION MANAGER CERTIFICATION

Name: _____ ID#: _____ Exp: _____

Name: _____ ID#: _____ Exp: _____



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HANDWASHING FACILITIES

Must be provided at all locations: hand soap, single-use towels, and trash receptacle

Type of handwashing facility: Provided by: Event Coordinator Vendor

- Gravity-fed water with spigot/bucket
 - Self-contained portable unit
 - Plumbed hot/cold water under pressure
 - N/A: only prepackaged foods are sold

***For food items not prepared onsite,
please fill out the following and attach current license to this form:**

Establishment Name: _____

Address: _____

Phone **Date of Preparation**

APPLICATION SUBMITTED LESS THAN TEN (10) DAYS BEFORE EVENT WILL BE SUBJECT TO A LATE FEE.

- Temporary Food Service Fee: \$50.00 Temporary Retail (prepackaged) Fee: \$25.00

Food Service Late Fees

2-9 days before event \$75.00

- Temporary Retail (prepackaged) Fee: \$25.00

RETAIL LATE FEES

2-9 days before event \$37.50

Less than 2 days before event \$100.00

Less than 2 days before event \$50.00

Applicant Signature _____ **Date:** _____

OFFICE USE ONLY

Received By

Cash Credit Card Check # Money Order #

Cash Credit Card Check # Money Order #

Check # Money Order #

Money Order #

Approved by: _____ Date: _____ Permit # _____

Date: **Permit #**

Permit #