



Health Department  
City of East Moline  
912 16<sup>th</sup> 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

☐ Plumbed hot/cold water under pressure

☐ Self-contained portable unit

☐ 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**

#### FOOD SERVICE LATE FEES

2-9 days before event ☐ **\$75.00**

Less than 2 days before event ☐ **\$100.00**

☐ Temporary Retail (prepackaged) Fee: **\$25.00**

#### RETAIL LATE FEES

2-9 days before event ☐ **\$37.50**

Less than 2 days before event ☐ **\$50.00**

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICE USE ONLY

Amount Received \_\_\_\_\_ Date Received \_\_\_\_\_ Received By \_\_\_\_\_

Payment Type ☐ Cash ☐ Credit Card ☐ Check # \_\_\_\_\_ ☐ Money Order # \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Permit # \_\_\_\_\_