

VILLAGE OF SKOKIE HEALTH DEPARTMENT

5127 Oakton Street

Skokie, IL 60077 (847) 933-8484

TEMPORARY FOOD SERVICE PERMIT APPLICATION

EVENT NAME: _____

DATE(S) & TIME OF EVENT: _____

LOCATION OF EVENT: _____

BUSINESS NAME: _____ PHONE: _____

PERMANENT ADDRESS (CITY & ZIP): _____

APPLICANT NAME: _____ HOME PHONE: _____

HOME ADDRESS (CITY & ZIP): _____

TYPE OF OWNERSHIP: (CHECK ONE) INDIVIDUAL CORPORATION PARTNERSHIP

OWNERS' NAME & TITLE: _____ PHONE: _____

OWNERS' ADDRESS (CITY & ZIP): _____

FOOD TO BE SERVED: _____

PRIOR SIMILAR EXPERIENCE: _____

COPY OF VILLAGE OF SKOKIE FOODSERVICE GUIDELINES RECEIVED? YES NO

*****FOR NON-SKOKIE BUSINESSES*****

PLEASE ATTACH A COPY OF YOUR MOST RECENT ROUTINE FOOD INSPECTION REPORT

SIGNATURE OF APPLICANT

DATE



FOR HEALTH DEPARTMENT USE ONLY

PERMIT APPROVED: _____ PERMIT NUMBER: _____

INSPECTOR COMMENTS: _____

INSPECTOR'S SIGNATURE: _____