

Madison County Health Department

Environmental Health Division

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Wood River, Illinois 62095

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Temporary Food Event Information Sheet

Event Information

Name of Event: _____

Physical Location/Address of Event: _____
(Event Street Address) (Event City)

Date(s) of Event: _____ How many days will food be served: _____

Event Operating Hours: _____ Time food will be served: _____

Number of Food Vendors Attending Event: _____

Are any food vendors operating a Food Truck? Yes No

Are any food vendors operating as a Cottage Food Vendor? Yes* No

* If Yes, the Event Coordinator shall require proof of Cottage Food Registration from the Cottage Food Vendor. If you or the vendor have questions regarding requirements/registration for Cottage Food, contact Madison County Health Department.

Is Potable Water Available to Food Vendors? Yes No

Is Electricity Available to Food Vendors? Yes No

Food Vendor Information (attach additional sheet if needed)

	Name of Food Vendor/Booth	E-Mail Address	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Event Coordinator Information (person in charge of food vendors at event)

Name of Event Coordinator: _____

Cell Phone #: _____ E-Mail Address: _____

This Temporary Food Event Information Sheet must be submitted at least fifteen (15) business days prior to the scheduled event. Any changes to this sheet shall be submitted not less than seven (7) business days prior to the event.

All food vendors must be ready for inspection the SAME DATE & TIME.

By signing this form, I acknowledge I have read and understand my responsibilities if I choose to allow cottage food vendors at this event.

Applicant Signature: _____ Date: _____

For questions regarding permit requirements for Temporary Food Event vendors, e-mail eh@madisoncountyl.gov or call 618-296-6079