



3600 Kirchoff Road  
Rolling Meadows, IL 60008  
Phone: (847) 506-6030 Fax: (847) 483-0365  
www.cityrm.org

**TEMPORARY FOOD SERVICE  
PERMIT APPLICATION**

**Event Information**

Event Name \_\_\_\_\_ Approximate Number Served \_\_\_\_\_

Location \_\_\_\_\_

Set-Up Date \_\_\_\_\_ Set-Up Time \_\_\_\_\_

Event Start Date \_\_\_\_\_ Event End Date \_\_\_\_\_

Event Start Time \_\_\_\_\_ Event End Time \_\_\_\_\_

**Vendor Information**

Organization/Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Fax Number*

\_\_\_\_\_  
*Contact Name Address*      \_\_\_\_\_  
*City*      \_\_\_\_\_  
*State*      \_\_\_\_\_  
*ZIP*

**Menu Information**

*(Menu items are subject to approval and may be restricted.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supplier Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permit Authorized by

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee: \$ \_\_\_\_\_

Permit #: \_\_\_\_\_