

Robert J. Lovero
Mayor



Collections and
Licensing

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TEMPORARY FOOD PERMIT

FEE: _____

DATE: _____

TO THE CITY OF BERWYN, ILLINOIS

I, THE UNDERSIGNED, DO HEREBY MAKE APPLICATION:

ORGANIZATION/BUSINESS: _____

EVENT: _____

LOCATION OF EVENT: _____

DATE OF EVENT: _____

APPLICANT'S SIGNATURE

APPLICANT'S ADDRESS

APPLICANT'S TELEPHONE NUMBER

Subscribed and Sworn to before me,
this ___ day of _____, 20__.

(Notary Seal)

APPROVED BY: _____

**FORM MUST BE NOTARIZED
CERTIFICATE OF INSURANCE FOR COMMERCIAL GENERAL LIABILITY
IS REQUIRED WITH CITY OF BERWYN AS ADDITIONAL INSURED
AND CERTIFICATE HOLDER**