

**Robert J. Lovero**



**Mayor**

**A Century of Progress with Pride**

6700 West 26<sup>th</sup> Street Berwyn, Illinois 60402-0701 Telephone: (708) 788-2660 Fax: (708) 749-8910  
www.berwyn-il.gov

**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 INSURANCE  
AND CERTIFICATE HOLDER**