

**COOK COUNTY DEPARTMENT OF PUBLIC HEALTH**

ENVIRONMENTAL HEALTH SERVICES

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North District fax 847-818-2464

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**Application for sampling foods**

Name of event: **Brookfield Farmers Market**

Location or address of event: **Brookfield Village Hall  
8820 Brookfield Ave  
Brookfield, IL 60513**

Name of applicant:

Telephone number(s):

List all items that are going to be sampled:

Source of food (*restaurant license, last two inspection reports*)

*If you have the sampling license from the State of Illinois please submit a copy*

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Applicant's Signature

Date