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www.kanehealth.com

## 2024 Application for Mobile Vending Unit

	Truck Trailer Pu	shcart (select one)		
Commissary:				
	C		State:Zip:	
Truck/Cart Number	er: Vehicle License	<del>)</del> :	Year:	
Name of Owner/D	Oriver:	\ddress:		
City:	State: Zip:	Phone	e #:	
Company Name:		Address:		
	State: Zip:			
Fax #:	Email:			
Permit to be maile	ed to: [ ] commissary [ ] owner/dr	iver (Permit will be maile	d to owner/driver if not checked)	
Food: [ ] Pre-pa	ckaged [ ] Food preparation on ve	hicle Anticipated Mo	nths:	
Mobile Vending Unit Classification (see reverse): Type of Permit: [ ] New [ ] Renewal Food Served:				
Food Source:				
Certified Food Protection Manager:		Pc	esition:	
Identification Num	nber:	Expiration [	Date:	
(Please check all that	apply) *** MECHANICAL REFRIG	ERATION REQUIRED <sup>9</sup>	***	
Food Protection:	[ ] Off-ground [ ] Sneeze Shield	[ ] Covered		
Cooking Method:	[ ] Grill [ ] Steam table/Election	ric [ ] Steam table/Ste	erno-Gas	
	[ ] Fryers [ ] Crock Pot	[ ] other (explain)		
Preparation Site: (location explanation)				
	[ ] Tent [ ] Trailer [			
	[ ] Pre-packaged [ ] Individually			
	[ ] Public [ ] Private we			
Handwashing.		d sink [ ] Dispensed soap [ ] Dispensed paper towels goted thermos with catch bucket [ ] Handi-wipes (pre-packaged foods only)		
Utensil Washing:	[ ] Extra utensils [ ] 3 comparti		-	
o to the trace in the	anitizer type: Waste Water Disposal Method:			
xxxxxxxxxxxxxxxx	***************************************			
-FOR OFFICE USE O		Jaquanaa Numbari		
	Issuance Number:			

## **Route Sheet**

## CHANGES TO THE ROUTE LISTED BELOW MUST BE SUBMITTED TO THE HEALTH DEPARTMENT

		T BE SUBMITTED TO THE I	HEALIH DEPARTMENT
Time Arrive Time Leave	Name of Company	Address	Town
Time Leave	Company		
	VENDOR CLA	SSIFICATIONS .	
CATEGORY II - \$550.00 (Certifie (Seasonal - less than 6 months pa		er Required at all times)	
Has few food handling operations	and includes facilities that ro	outinely:	
<ol> <li>hold hot or cold food for use th</li> <li>prepare menu items that requi</li> <li>menu items requiring complex</li> </ol>	ire minimal handling, or	om canned, frozen, or fresh-pre	pared foods to limit handling.
CATEGORY III - \$495.00 (Seasonal - less than 6 months pa	ay \$331)		
Have few or no food handling ope	rations and include facilities	that routinely:	
<ol> <li>serve only pre-packaged food</li> <li>prepare and serve only non-p</li> <li>serve only non-alcoholic or all</li> </ol>	otentially hazardous food su	ch as snack foods or soda, or	
Proof of approved sources must recognized health agency for co			of a current inspection from a
Applications for r	new annual mobile units subi	mitted after July 1 pay half the a	appropriate fee

	Applications for new arritidal mobile unit	is submitted after July 1 pay mail the appropriate fee			
**************************************					
Date:		Signature:			

THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR MOBILE VENDING UNIT