KANE COUNTY HEALTH DEPARTMENT
www.kanehealth.com

1240 N. Highland Ave., Suite 5, Aurora, IL 60506
Phone (630) 444-3040 Fax (630) 897-8123

1750 Grandstand Place, Elgin, IL 60123
Phone (630) 444-3040 Fax (847) 888-6458

2019 Application for Seasonal Food Handling Permit

As prescribed in Article II, Section C, Kane County Sanitation Ordinance, the undersigned hereby makes application for a permit to operate a food establishment in the County of Kane. Seasonal Temporary Events will include multiple temporary events within Kane County.

Name of Business:______________________________________Phone #:_________________________

Owner: ____ Fax #: _________________________

Address: ___________________________________City:__________________State:______Zip:_______

Email: ____

Food: [ ] Hot [ ] Cold [ ] Pre-packaged Type of Permit: [ ] New [ ] Renewal

Establishment Classification (see reverse): ________ Anticipated Months: ________________________

Food Served: ____

____

Food Source: ____

____

Certified Food Protection Manager: _______________________________ Position: ________________

Identification Number:__________________________________ Expiration Date: ___________________

(Please check all that apply) ***** MECHANICAL REFRIGERATION REQUIRED *****

Food Protection: [ ] Off-ground [ ] Sneeze Shield [ ] Covered

Cooking Method: [ ] Grill [ ] Steam table/Electric [ ] Steam table/Sterno-Gas
[ ] Fryers [ ] Crock Pot [ ] other (explain) ________________________

Preparation Site: (location explanation) ____

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Environmental Protection: [ ] Tent [ ] Trailer [ ] Umbrella [ ] Indoors
[ ] Pre-packaged [ ] Individually wrapped [ ] In covered containers

Source of Water: [ ] Public [ ] Private well [ ] Transported

Handwashing: [ ] Hand sink [ ] Dispensed soap [ ] Dispensed paper towels
[ ] Spiggoted thermos with catch bucket [ ] Handi-wipes (pre-packaged foods only)

Utensil Washing: [ ] Extra utensils [ ] 3 compartment sink [ ] 3 Containers
Sanitizer type _____________ Waste Water Disposal Method:_______________________

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-FOR OFFICE USE ONLY-

License Number: _________________________________ Issuance Number:__________________________

Permit Fee: $________________ Category: ___________ Approved by: _______________________

Events listed below will be the only events approved for this permit.
ADDITIONAL BOOTHS WILL REQUIRE A SEPARATE TEMPORARY PERMIT TO BE ISSUED.

Event Name(s)	Event Location	Event Date

VENDOR CLASSIFICATIONS

CATEGORY II - $400.00 (Certified Food Protection Manager Required at all times)
Has few food handling operations and includes facilities that routinely:

1) hold hot or cold food for use that day, or
2) prepare menu items that require minimal handling, or
3) menu items requiring complex preparation are prepared from canned, frozen, or fresh-prepared foods to limit handling.

CATEGORY III - $263.00
Have few or no food handling operations and include facilities that routinely:

1) serve only pre-packaged foods, or
2) prepare and serve only non-potentially hazardous food such as snack foods or soda, or
3) serve only non-alcoholic or alcoholic beverages.

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I AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Date: _____ Signature: _____

THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR EVENT NOT LISTED ABOVE

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