Kane County Health Department
Your Health, Our Commitment

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

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2012 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 Handler: ____ 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-

Establishment Number: ___________________________________ Permit Number: _______________________

Permit: $_________________ 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 III - $365.00
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 IV - $240.00
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.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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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