

TEMPORARY FOOD SERVICE APPLICATION / PERMIT

Permit #

KANE COUNTY HEALTH DEPARTMENT

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

115 S. Grove Suite 209
Elgin, IL 60120
Phone (847) 608-2850
Fax (847) 888-6458

Name of Event _____ Location _____

Name of Organization _____ Dates/Times _____

Menu & Food Sources _____

Food to be prepared at _____ Method of Cooking/Hot Holding _____

<u>Food Protection</u>	<u>Source of Water</u>	<u>On-site Utensil Cleaning</u>	<u>Method of Handwashing</u>	<u>Environmental Protection</u>
___ off ground	___ public	___ extra utensils	___ hand sink	___ tent ___ covered containers
___ covered	___ private well	___ 3 compartment sink	___ spiggoted thermos	___ trailer ___ indoors
___ sneeze shield	___ transported	___ 3 containers	___ dispensed soap	___ umbrella
		Sanitizer type _____	___ paper towels	___ individually wrapped
			___ catch bucket	___ prepackaged

*** Electrical Refrigeration Required**

A permit fee of \$40.00 / \$60.00 per event is required for each temporary food service establishment. **THERE WILL BE A LATE FEE OF \$10.00 FOR ANY APPLICATION RECEIVED WITHIN SEVEN (7) DAYS OF EVENT OR CELEBRATION.** All units of local governments, schools, not-for-profit day care facilities and not-for-profit temporary food services pay one half (1/2) the appropriate fee. However, charitable not-for-profit organizations may petition to waiver the fee.

This permit is not valid until signed and numbered by Health Department personnel and/or a satisfactory inspection has been completed. **INCOMPLETED APPLICATIONS WILL BE RETURNED FOR COMPLETION BEFORE THE PERMIT IS APPROVED.** This permit is only valid for the dates indicated and is not transferable to another person, location or event.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I HAVE READ AND AGREED TO ABIDE BY THE ENCLOSED TEMPORARY FOOD SERVICE REGULATIONS.

Contact person (please print) _____ Signature _____ Date _____

Address _____ City _____ State _____ Zip _____ (Area Code) Phone _____

Inspection Comments: _____ Date: _____

	3-Comp	ppm
	Wiping Cloth	ppm

Follow-up Inspection: _____ Date: _____

Temperatures:

Item	Temp	Item	Temp

Received by _____

Sanitarian _____

**** Office Use Only ****

Prepackaged Food / Samples \$40.00

Food prepared onsite \$60.00

Late fee \$10.00

Not-for-profit (*circle one*) \$20.00 / \$30.00

Exempt

FEE RECEIVED _____

Inspected Event Yes / No (*circle one*)