

Kane County Health Department
Petition for Food Permit Fee Waiver (December, 2011)

Please submit completed waiver form and letter with required documents to the attention of Environmental Health: 1) **by U.S. mail** to Kane County Health Department 1240 N. Highland Avenue Aurora, IL 60506; 2) **by email** to almanzamar@co.kane.il.us; or 3) **by fax** to 630-897-8123.

Questions about this form? Call 630- 444-3040.

Food Establishment: Name _____

Address: _____ City _____ Zip Code _____

Fax: _____ Website _____

Contact Person: Name: _____ Position _____

Telephone: _____ Email Address: _____

- 1. Please complete and sign the Waiver Criteria check list below. 2. Submit a petition letter that addresses any criteria you check off below and that describes the reason or hardship that prompts you to seek a fee waiver this year. 3. Attach any documents that relate to your petition.**

Kane County Criteria for Food Permit Fee Waiver Determination

Check all that apply:

A. Required for all waivers:

1. The food establishment requesting the waiver produces proof of 501 (c) 3 status (ATTACH)
2. The charitable activities are significantly related to food services that require a permit. (Describe in waiver petition letter)

B. Required for 100% waiver:

3. No fees charged to recipients for services provided, including their food/food services. (Describe in waiver petition letter)

C. One or more of the criteria below are required for a partial feewaiver :**

4. The charitable activity is a food service that primarily raises funds for a charitable activity. (Describe in waiver petition letter)
5. The establishment produces detail that shows that the volume of food service relative to the permit cost poses significant hardship to the charitable activity. (e.g. ratio of funds raised and permit cost) (Describe in waiver petition letter)

***The percentage of fees waived may be adjusted on the basis of inspection activities.*

Petitioner signature: _____ Date _____

December 2011 OFFICE USE: Date Received: _____
Establishment Identification Number: _____

Sent Determination Notice: _____
Risk Category: _____

Approved at _____% Denied _____

Paul Kuehnert, Executive Director

Date