Kane County Health Department

1240 N. Highland Ave., Suite 5
Aurora, IL 60506
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2007 Application For Mobile Vending Unit

Truck _____ Trailer_____ Pushcart_____ (select one)

Commissary:____

Address:_________________________________**City:**_________________**State:**______**Zip:**______________

Truck/Cart Number:______________ **Vehicle License:**_____________________ **Year:**__________________

Name Of Owner/Driver:________________________ **Address:** ________________________________

City:________________________ **State**:_____ **Zip**:____________ **Phone #**:_____________________________

Company Name: ________________________________ **Address:** ______________________________

City:____________________ **State**:_______ **Zip**:____________ **Phone #**:______________________________

Permit to be mailed to: ____ commissary ____ owner/driver
(permit will be mailed to owner/driver if not checked)

Food: ____ Pre-packaged ____ Food preparation on vehicle **Anticipated Months**: ______________________

Mobile Vending Unit Classification (see reverse): ________ **Type of Permit:** ( ) New ( ) Renewal

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: Steam table/Sterno-Gas _____ Steam table/Electric _____ Grill _____
Fryers _______ Crock Pot _____ Other (explain) _________________________

Preparation Site: On Site ____ Approved restaurant (Name) ______________________Home ________________
Other (explain) ____

Environmental Protection: Tent ____ Trailer ____ Umbrella ____ Indoors ____
Individually wrapped ____ Pre-packaged ____ 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: 3 Compartment sink ____ Extra Utensils ____ 3 Containers ____ Sanitizer Type: _____________

Method of Waste Water Disposal: ____

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-FOR OFFICE USE ONLY-

Establishment Number: _________________________________ Permit Number: ______________________________

Permit: $_________________ Category: ____________ Approved by: ______________________________

Route Sheet

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

Time Arrive Time Leave	Name of Company	Address	Town

VENDOR CLASSIFICATIONS

CATEGORY III - $365.00 (Certified Food Handler Required)
(Seasonal less than 6 months pay ½ the fee)

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 - $245.00
(Seasonal less than 6 months pay ½ the fee)

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.

Proof of approved sources must accompany permit application in the form of a copy of a current inspection from a recognized health agency for commissaries located outside of Kane County.

Applications for new mobile units submitted after July 1 pay half the appropriate fee

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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 MOBILE VENDING UNIT

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Adopted 12/02
Reviewed 11/03
Revised 11/06