



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

2021 APPLICATION FOR SHARED KITCHEN FOOD HANDLING PERMIT

As prescribed in Article II, Section C, Kane County Food Sanitation Ordinance, the undersigned hereby makes application for a permit to operate a food service establishment in the County of Kane.

ESTABLISHMENT INFORMATION

Name of Business _____ Fax _____
Phone _____
Address _____ City/State _____ Zip _____
E-mail _____ Website _____
Parcel Identification Number _____ (REQUIRED FIELD FOR NEW ESTABLISHMENTS)

MAIL DIRECT BILLING STATEMENT TO

Name of Business Owner _____ Fax _____
Phone _____
Address _____ City/State _____ Zip _____

PERMITS WILL BE MAILED TO THE ESTABLISHMENT ADDRESS UNLESS OTHERWISE INDICATED (An additional copy can be sent to the business owner at no charge if requested at the time of application submittal. After submittal a \$25.00 processing fee will apply.)

BUILDING OWNER

Name _____ Phone _____
Address _____ City/State _____ Zip _____

TYPE OF OWNER Individual Partnership Corporation/LLC Unit of Local Govt.

ESTABLISHMENT CLASSIFICATION (see reverse) _____ **TYPE OF PERMIT** New Renewal

SQUARE FEET _____ **NUMBER OF EMPLOYEES** _____

BUSINESS HOURS _____ to _____ **DAYS CLOSED** _____

VENDOR
NAME(S) _____

DATE _____ **SIGNATURE** _____

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

License Number _____ Issuance # _____
Permit Fee \$ _____ Category _____ Approved By _____

*** THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR LOCATION ***

ESTABLISHMENT CLASSIFICATIONS

CATEGORY I-2

- 1) Potentially hazardous foods are cooled, as part of the food handling operation at the facility;
- 2) Potentially hazardous foods are prepared hot or cold and held hot or cold for more than 12 hours before serving;
- 3) Potentially hazardous foods cooked and cooled, must be reheated;
- 4) Potentially hazardous foods which are prepared for off-premises serving with time-temperature requirements during transportation; holding and service are relevant;
- 5) Complex preparation of foods, or extensive handling of raw ingredients with hand contact for ready-to-eat foods, occurs as part of the food handling operations at the facility;
- 6) Vacuum packaging and/or other forms of reduced oxygen packaging are performed at the retail level; or
- 7) Immunocompromised individuals such as the elderly, pre-school aged children and pregnant women are served, where these individuals compose the majority of the consuming population.

A Certified Food Protection Manager must be on the premises at all times.

CATEGORY II

- 1) Hot or cold foods are held at required temperatures for no more than 12 hours and are restricted to same day service;
- 2) Foods are prepared from raw ingredients using only minimal assembly;
- 3) Foods that require complex preparation (whether canned, frozen or fresh prepared) are obtained from approved food processing plants, high risk food service establishments or retail food stores.

A Certified Food Protection Manager must be on the premises at all times.

CATEGORY III

- 1) Only pre-packaged foods are available or served in the facility, and any potentially hazardous foods available are commercially pre-packaged in an approved processing plant;
- 2) Only limited preparation on non-potentially hazardous foods and beverages, such as snack foods and carbonated beverages, occurs in facility;
- 3) Only beverages (alcoholic and non-alcoholic) are served at the facility.

A Certified Food Protection Manager recommended but not required.

CATEGORY I-2 and II SHARED KITCHEN
FOOD ESTABLISHMENTS
Mandatory Certified Food Protection Manager Schedule

Name of Shared Kitchen User: _____

Address: _____

City: _____ Zip: _____ Phone: _____

A Certified Food Protection Manager must be present at all times the facility is in operation for Category I-2 and II establishments. Provide two (2) weeks' worth of work schedules for these employees (see reverse side for schedule).

1) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

2) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

3) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

4) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

5) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

6) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

(Signature (Owner/Manager))

Certified Food Protection Manager Schedule

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
12:00 a.m.							
1:00 a.m.							
2:00 a.m.							
3:00 a.m.							
4:00 a.m.							
5:00 a.m.							
6:00 a.m.							
7:00 a.m.							
8:00 a.m.							
9:00 a.m.							
10:00 a.m.							
11:00 a.m.							
12:00 p.m.							
1:00 p.m.							
2:00 p.m.							
3:00 p.m.							
4:00 p.m.							
5:00 p.m.							
6:00 p.m.							
7:00 p.m.							
8:00 p.m.							
9:00 p.m.							
10:00 p.m.							
11:00 p.m.							