

Issuance #

2021 TEMPORARY FOOD SERVICE APPLICATION / PERMIT

KANE COUNTY HEALTH DEPARTMENT

Please call ahead for office hours or visit us at www.kanehealth.com

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

1750 Grandstand Place, Suite 2, Elgin, IL 60123, Phone (630) 444-3040, Fax (847) 888-6458

Name of Event _____ Location _____

Name of Food Vendor/Organization _____ Dates/Times _____

Menu & Food Sources _____

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

Table with 5 columns: Food Protection, Source of Water, On-site Utensil Cleaning, Method of Handwashing, Environmental Protection. Includes checkboxes for various safety measures like off ground, public/private well, extra utensils, hand sink, tent, etc.

* Electrical Refrigeration Required

***** The appropriate permit fee (see below) is required per event for each temporary food service establishment. THERE WILL BE AN ADDITIONAL FEE OF \$54.00 FOR ANY APPLICATION AND PAYMENT RECEIVED WITHIN FIVE (5) BUSINESS DAYS OF EVENT OR CELEBRATION. *****

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 above or for two consecutive weekends at the same event 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 _____

Email: _____

Inspection Comments: _____ Date: _____ Table with 3-Comp ppm and Wiping Cloth ppm columns.

Follow-up Inspection: _____ Date: _____

Temperatures: Table with 4 columns: Item, Temp, Item, Temp.

Received by _____ Sanitarian _____

** Office Use Only ** For Profit \$145.00 [] Free to Public Potentially [] Sampling \$26.00 [] Hazardous Food \$39.00 Fundraising \$69.00 [] Free to Public Non-Potentially Hazardous Foods [] Additional Fee \$54.00 [] \$0.00 FEE RECEIVED _____ Inspected Event Yes / No (circle one)