KANE COUNTY HEALTH DEPARTMENT

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

www.kanehealth.com

2022 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 #:____________________

Fax #: ____________________ Email: ____

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 Protection Manager: _________________________ Position: _______________

Identification Number:____________________________ Expiration Date: _______________

(Please check all that apply) ***** MECHANICAL REFRIGERATION REQUIRED *****

Food Protection:	[ ] Off-ground	[ ] Sneeze Shield	[ ] Covered	
Cooking Method:	[ ] Grill	[ ] Steam table/Electric	[ ] Steam table/Sterno-Gas	
	[ ] Fryers	[ ] Crock Pot	[ ] other (explain) ____________________	
Preparation Site: (location explanation)	______________________________________			
Environmental Protection:	[ ] Tent	[ ] Trailer	[ ] Umbrella	[ ] Indoors
	[ ] Pre-packaged	[ ] Individually wrapped	[ ] 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:	[ ] Extra utensils	[ ] 3 compartment sink	[ ] 3 Containers	
	Sanitizer type: ____________	Waste Water Disposal Method:___________________		

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-FOR OFFICE USE ONLY-

License Number: ____________________________ Issuance 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 II - $495.00 (Certified Food Protection Manager Required at all times)
(Seasonal - less than 6 months pay $433.00)

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 III - $445.00
(Seasonal - less than 6 months pay $298)

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 annual 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 11/21