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**2022 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 \_\_\_\_\_  
Shared Kitchen 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

<b>TIME</b>	<b>SUNDAY</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>
12:00 a.m.							
1:00 a.m.							
2:00 a.m.							
3:00 a.m.							
4:00 a.m.							
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