

Issuance #

2022 TEMPORARY FOOD SERVICE APPLICATION / PERMIT

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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 _____

<u>Food Protection</u>	<u>Source of Water</u>	<u>On-site Utensil Cleaning</u>	<u>Method of Handwashing</u>	<u>Environmental Protection</u>
___ off ground	___ public	___ extra utensils	___ hand sink	___ tent ___ covered containers
___ covered	___ private well	___ 3 compartment sink	___ spigotted thermos	___ trailer ___ indoors
___ sneeze shield	___ transported	___ 3 containers	___ dispensed soap	___ umbrella
		Sanitizer type _____	___ paper towels	___ individually wrapped
			___ catch bucket	___ prepackaged

* **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 \$56.00 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: _____

	3-Comp	ppm
	Wiping Cloth	ppm

Follow-up Inspection: _____ Date: _____

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Temperatures:

Item	Temp	Item	Temp

Received by _____

Sanitarian _____

**** Office Use Only ****

For Profit \$152.00 Free to Public Potentially

Sampling \$27.00 Hazardous Food \$41.00

Fundraising \$72.00 Free to Public Non-

Potentially Hazardous Foods

Additional Fee \$56.00 \$0.00

FEE RECEIVED _____

Inspected Event Yes / No (circle one)