

Issuance #
2026 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

2170 Point Blvd, 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>
<input type="checkbox"/> off ground	<input type="checkbox"/> public	<input type="checkbox"/> extra utensils	<input type="checkbox"/> hand sink	<input type="checkbox"/> tent <input type="checkbox"/> covered containers
<input type="checkbox"/> covered	<input type="checkbox"/> private well	<input type="checkbox"/> 3 compartment sink	<input type="checkbox"/> spiggoted thermos	<input type="checkbox"/> trailer <input type="checkbox"/> indoors
<input type="checkbox"/> sneeze shield	<input type="checkbox"/> transported	<input type="checkbox"/> 3 containers	<input type="checkbox"/> dispensed soap	<input type="checkbox"/> umbrella
		Sanitizer type	<input type="checkbox"/> paper towels	<input type="checkbox"/> individually wrapped
			<input type="checkbox"/> catch bucket	<input type="checkbox"/> 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 \$67.00 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)SignatureDate

AddressCityStateZip(Area Code) Phone

Email:

Inspection Comments:Date:

	3-Comp	ppm
	Wiping Cloth	ppm

Follow-up Inspection:Date:

Temperatures:

Item	Temp	Item	Temp

Received by
Sanitarian

** Office Use Only **

For Profit \$181.00 ☐ Free to Public Potentially ☐

Sampling \$32.00 ☐ Hazardous Food \$49.00

Fundraising \$85.00 ☐ Free to Public Non- ☐

Potentially Hazardous Foods

Additional Fee \$65.00 ☐ \$0.00

FEE RECEIVED

Inspected Event Yes / No (circle one)