## 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

covered private well 3 compartment sink spiggoted thermos trailer individually wrapped sanceze shield transported 3 containers dispersed soap umbrella individually wrapped paper towels individually wrapped paper towels individually wrapped catch bucket prepackaged  * Electrical Refrigeration Required catch temporary food service establishment. THERE WILL BE AN ADDITIONAL FEE OF \$67.00 FOR ANY APPLICATION AND PAYMENT RECEIVED WITHIN FYEE (is) BISINESS DAYS OF EVENT OR CELEBRATION.  This spermit is not valid until signed and numbrored by Health Department personnel and/or a subsfactory inspection has been completed. INCOMPLETED APPLICATIONS WILL BE ENTIFYEE THAT THE ABOVE INFORMATION IN TRUE AND CORRECT AND THAT THAVE READ AND AGREED TO ABIDE BY THE ENCLOSED HERMORANY FOOD SERVICE REGULATIONS.  Contact person (please print) Signature Date    Signature Date	Name of Event						
Menu & Food to be prepared at    Method of Cooking/Hot Holding	Name of Food Vend	dor/Organization			Dates/Times		
Food Protection Source of Water Op-site Utensil Cleaning Method of Handwashing Environmental Protection  off ground	Menu & Food Sour	ces					
Food Protection Source of Water Op-site Utensil Cleaning Method of Handwashing Environmental Protection  off ground	Food to be prepared	 l at	Meth	nod of Cook	ing/Hot Holding		
off ground public extra utensils hand sink tent covered containers covered private well 3 compartment sink spiggeted thermos trailer indoors sheeze shield transported 3 containers dispersed swap umbrella and individually wrapped Paper towels individually wrapped Catch bucket prepackaged  * Electrical Refrigeration Required per event for each temporary food service establishment. THERE WILL BE AN ADDITIONAL FEE OF \$67.09 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 APPLICATION 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. HEREBEY 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    Date						<b>Environmental Protection</b>	
sneeze shieldtransported3 containers	off ground				<u>-</u>		ners
* Electrical Refrigeration Required	covered	private well	3 compartment sink		spiggoted thermos	trailerindoors	
# Electrical Refrigeration Required	sneeze shield	transported	3 containers		dispensed soap	umbrella	
The appropriate permit fee (see below) is required per event for each temporary fool service establishment. THERE WILL BE AN ADDITIONAL FEE OF \$67.00 FOR ANY APPLICATION AND PAYMENT RECEIVED WITHIN FIVE (5) BISINESS 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 manifestable to unother person, location or event.  HIRERESY 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    Date			Sanitizer type		paper towels	individually wrapped	
The appropriate permit fee (see below) is required per event for each temporary fool service establishment. THERE WILL BE AN ADDITIONAL FEE OF \$67.00 FOR ANY APPLICATION AND PAYMENT RECEIVED WITHIN FIVE (5) BISINESS 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 manifestable to unother person, location or event.  HIRERESY 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    Date	* Electrical Refrigeration Required				catch bucket	prepackaged	
Contact person (please print)   Signature	APPLICATION AND This permit is not valid WILL BE RETURNED weekends at the same eV I HEREBY CERTIFY	PAYMENT RECEIVE until signed and number D FOR COMPLETION rent and is not transferable THAT THE ABOVE IN	DWITHIN FIVE (5) BUST red by Health Department N BEFORE THE PERM e to another person, location FORMATION IS TRUE	personnel and/o IT IS APPRO on or event.	OF EVENT OR CELEBRATION or a satisfactory inspection has been OVED. This permit is only valid for	d. a completed. <b>INCOMPLETED APPLICAT</b> or the dates indicated above or for two conse	FIONS ecutive
Inspection Comments:  Date:  3-Comp ppm Wiping Cloth ppm  Follow-up Inspection:  Date:  Temperatures:  Item Temp Item Temp	TEMPORARY FOOD SERVICE REGULATIO					Date	
Email:	Address		City	State	Zip	(Area Code) Phone	
Inspection Comments:  Date:    3-Comp   ppm   Wiping Cloth   ppm	Email:		•		1	,	
Temperatures:    Item	**************************************	**************************************	**************************************	******	***********		
Temperatures:    Item							
Item Temp Item Temp   ** 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    ** Office Use Only **  Free to Public Non-Potentially Hazardous Foods \$0.00  **Fee Received by □ \$0.00	Follow-up Inspe	ction:	Date:				
Item Temp Item Temp   ** 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    ** Office Use Only **  Free to Public Non-Potentially Hazardous Foods \$0.00  **Fee Received by □ \$0.00							
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  Solution Sanitarian	Temperatures:						
Sampling \$32.00	Item	Temp 1	Item Temp		**	Office Use Only **	
Received by Additional Fee \$65.00 □ \$0.00  Sanitarian FEE RECEIVED					Sampling \$32.00	Hazardous Food \$49.00 □ Free to Public Non- □	]
Samtarian	Received by				Additional Fee \$65.0	ΦO OO -	-
	Sanitarian					es / No. (circle one)	_