



1240 N Highland Ave., Suite 5, Aurora, IL 60506
 Phone (630) 444-3040 Fax (630) 897-8123

1750 Grandstand Place, Elgin, IL 60123
 Phone (847) 608-2850 Fax (847) 888-6458

Temporary Vendor Coordinator Application

*Providing all the information will help to ensure that you have a successful event. Be sure to advise all food booth participants of the Kane County Health Department requirement to apply for a Temporary Food Service Permit at least **4 WEEKS PRIOR TO THE EVENT.***

Temporary Food Service Permit can be found on-line at <http://www.kanehealth.com/pages/fees.aspx>

Event Name: _____

Date(s) of Event: _____

Hours of Operation: _____

What time will vendors be able to start setting up? _____

Are there any other events associated around the main event? (i.e. craft fairs, carnivals, pancake breakfast)
 ___ Yes ___ No - If yes, please specify the day, time, and location: _____

Names of Event Coordinator(s)/Responsible Individuals:

	<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Email</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

List of all food vendors participating in this event:

Name	Address	Name of Booth	Phone Number	Email

***use separate sheet of paper for additional vendors

****Water Supply****

- Will you be providing water to vendors? ___Yes ___No
- Will vendors be required to provide food grade hoses? ___Yes ___No
- Describe what backflow prevention will be used. _____

- Where will vendors dispose of waste water? _____

- Will you be providing portable hand washing stations? ___Yes ___No
- Will you be providing portable toilets? ___Yes ___No
- Who will be responsible for replenishing supplies (i.e. toilet paper, soap) and how often? _____

- How is equipment and utensils being cleaned and sanitized in food booths? _____

****Electrical Supply****

- Will you be providing electricity to vendors? ___Yes ___No
 - If yes, describe: _____

- Will there be back-up generators available to vendors? ___Yes ___No
- What time will electricity become available? _____

****Solid Waste Disposal****

- Number of garbage disposal containers. _____
- What will be the frequency of garbage removal? _____
- Describe how grease is going to be disposed? (i.e. grease barrels) _____

****Event Map****

In the following space, provide a detailed map of the temporary food event. Identify locations and names for all food vendors, restrooms, hand washing stations, food storage or preparation areas, and solid waste disposal.

****Vendor Checklist****

- ✓ **Read** each of these items so you can comply with all of Kane County requirements.
- ✓ **Fill out an application.** Applications and payment for food vendors at the event must be received **at least 14 days prior** to the event.
- ✓ **A metal stem thermometer** must be available and used often to check internal temperatures of potentially hazardous foods.
- ✓ **Hand-washing facilities.** You need at least **warm** running water, soap, single use paper towels, and a bucket to collect dirty water.
- ✓ **All food preparation must be done onsite or in a kitchen at a permitted food facility** to minimize the potential for foodborne illness. If permitted **outside of Kane County**, must provide a copy of facility's last routine inspection.
- ✓ **Food Protection.** All opened food items must be protected from possible contamination. Open food items must be protected by packaging or by display cases furnished with hand contact barriers.
- ✓ **Dishwashing facilities.** Wash equipment and utensils in three-compartment sinks or using three separate bins. Make sure all utensils and equipment are washed, rinsed, and sanitized in that order.
- ✓ **Make sure** your electrical devices will not overpower the electrical circuits provided.
- ✓ **SMOKING, EATING, PETS, or OPEN DRINKS in booths are NOT allowed.**
- ✓ **Minimize bare hand contact with ready-to-eat foods** by using gloves, tongs, deli tissue, or utensils.
- ✓ Any **CRITICAL** items found on-site must be corrected **immediately**.