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www.kanehealth.com

# **2020 Application for Mobile Vending Unit**

Truck \_\_\_\_\_ Trailer \_\_\_\_ Pushcart \_\_\_\_ (select one)

Commissary:							
				S	state:	Zip:	
Truck/Cart Numbe	er:	Vehicle License: Year:					
Name of Owner/D	Priver:		Address:				
City:	Sta	ate: Zip:		Phone #:_			
Company Name:			Address:				
	State:						
	En						
	ed to: [] commissar						
	ckaged [ ] Food pre	•					
-	nit Classification (see			-	Jinew		
Food Source:							
Certified Food Protection Manager:				Position:			
Identification Num		Expiration Date:					
(Please check all that a	apply) *** MECHA	NICAL REFRIG	ERATION R	EQUIRED ***			
Food Protection:	[] Off-ground [] S	neeze Shield	[] Cove	ered			
Cooking Method:			e/Electric [ ] Steam table/Sterno-Gas [ ] other (explain)				
Preparation Site: (location explanation)				· · · /			
Protection:	[]Tent []T []Pre-packaged	[ ] Individually	y wrapped	[ ] In covere			
Source of Water:	[ ] Public	[ ] Private we	ell	[ ] Transpor	ted		
Handwashing:	[ ] Hand sink		-				
	[ ] Spiggoted thermos			• • •	•	oods only)	
Utensil Washing:	[ ] Extra utensils						
~~~~~	Sanitizer type:		•				
-FOR OFFICE USE C	xxxxxxxxxxxxxxxxxxxxxxx NLY-	*****	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****	*****	<b>、</b>	
		lumber: Issuance Number:					
			_ issuance in	umber:			

# **Route Sheet**

## CHANGES TO THE ROUTE LISTED BELOW MUST BE SUBMITTED TO THE HEALTH DEPARTMENT

Time Arrive Time Leave	Name of Company	Address	Town

## VENDOR CLASSIFICATIONS

#### CATEGORY II - \$467.00 (Certified Food Protection Manager Required at all times)

(Seasonal - less than 6 months pay \$408.00)

Has few food handling operations and includes facilities that routinely:

- 1) hold hot or cold food for use that day, or
- 2) prepare menu items that require minimal handling, or
- 3) menu items requiring complex preparation are prepared from canned, frozen, or fresh-prepared foods to limit handling.

#### CATEGORY III - \$420.00

(Seasonal - less than 6 months pay \$281)

Have few or no food handling operations and include facilities that routinely:

- 1) serve only pre-packaged foods, or
- 2) prepare and serve only non-potentially hazardous food such as snack foods or soda, or
- 3) serve only non-alcoholic or alcoholic beverages.

# Proof of approved sources must accompany permit application in the form of a copy of a current inspection from a recognized health agency for commissaries located outside of Kane County.

Applications for new annual mobile units submitted after July 1 pay half the appropriate fee

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#### I AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Date:

Signature:

### THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR MOBILE VENDING UNIT