1240 N. Highland Ave., Suite 5, Aurora, IL 60506
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Phone (630) 444-3040 Fax (847) 888-6458

www.kanehealth.com

2019 Application for Mobile Vending Unit

Truck _____ Trailer_____ Pushcart_____ (select one)

Commissary:____

Address: ______________________________City:_______________State:______Zip:_______

Truck/Cart Number: ______________ Vehicle License: ____________________ Year: ___________

Name of Owner/Driver: ______________________ Address: ______________________________

City: _______________________ State: _____ Zip: ___________ Phone #:__________________

Company Name: _____________________________ Address:___________________________

City:___________________ State:_______ Zip:___________ Phone #:______________________

Fax #: ______________________ Email: ____

Permit to be mailed to: [ ] commissary [ ] owner/driver *(Permit will be mailed to owner/driver if not checked)*

Food: [ ] Pre-packaged [ ] Food preparation on vehicle Anticipated Months: _________________

Mobile Vending Unit Classification (see reverse): ________ Type of Permit: [ ] New [ ] Renewal

Food Served: ____

____

Food Source: ____

____

Certified Food Protection Manager: ____________________________ Position: _______________

Identification Number:_______________________________ Expiration Date: _________________

(Please check all that apply) ***** MECHANICAL REFRIGERATION REQUIRED *****

Food Protection: [ ] Off-ground [ ] Sneeze Shield [ ] Covered

Cooking Method: [ ] Grill [ ] Steam table/Electric [ ] Steam table/Sterno-Gas
[ ] Fryers [ ] Crock Pot [ ] other (explain) ________________________

Preparation Site: (location explanation) ____
____

Environmental Protection: [ ] Tent [ ] Trailer [ ] Umbrella [ ] Indoors
[ ] Pre-packaged [ ] Individually wrapped [ ] In covered containers

Source of Water: [ ] Public [ ] Private well [ ] Transported

Handwashing: [ ] Hand sink [ ] Dispensed soap [ ] Dispensed paper towels
[ ] Spiggoted thermos with catch bucket [ ] Handi-wipes (pre-packaged foods only)

Utensil Washing: [ ] Extra utensils [ ] 3 compartment sink [ ] 3 Containers
Sanitizer type: _____________ Waste Water Disposal Method:______________________

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-FOR OFFICE USE ONLY-

License Number: ________________________________ Issuance Number: __________________________

Permit: $________________ Category: ___________ Approved by: ______________________

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 - $461.00 (Certified Food Protection Manager Required at all times)
(Seasonal - less than 6 months pay $402.00)

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 - $414.00
(Seasonal - less than 6 months pay $277)

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 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

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Adopted 12/02
Reviewed 11/03
Revised 10/18