Issuance

2023 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 1750 Grandstand Place, Suite 2, Elgin, IL 60123, Phone (630) 444-3040, Fax (847) 888-6458

Name of Event			Location	on Dates/Times	
Name of Food Vend	dor/Organization		Dates/Times		
Menu & Food Sour	ces				
Food to be prepared at Method of Cooking/Hot Holding					
Food Protection	Source of Water	On-site Utensil	Cleaning	Method of Handwashing	Environmental Protection
off ground	public	extra utensi		hand sink	tent covered containers
covered	private well	3 compartment sink		spiggoted thermos	trailerindoors
sneeze shield	transported	3 containers	3	dispensed soap	umbrella
		Sanitizer type _		paper towels	individually wrapped
* Electrical Refrigeration Required			catch bucket	prepackaged	
The appropriate permit f APPLICATION AND 1 This permit is not valid WILL BE RETURNE	ee (see below) is require PAYMENT RECEIVE until signed and numbe D FOR COMPLETIO	d per event for each temp D WITHIN FIVE (5) BY red by Health Departmen N BEFORE THE PERI	orary food servi USINESS DAY at personnel and MIT IS APPRO	ce establishment. THERE WILL B S OF EVENT OR CELEBRATION of a satisfactory inspection has been	E AN ADDITIONAL FEE OF \$61.00 FOR ANY N. In completed. INCOMPLETED APPLICATIONS or the dates indicated above or for two consecutive
	THAT THE ABOVE IN SERVICE REGULAT		E AND CORRI	ECT AND THAT I HAVE READ A	ND AGREED TO ABIDE BY THE ENCLOSED Date
Address Email:		City	State	Zip	(Area Code) Phone
**************************************	**************************************	**************************************	********	**********	3-Comp ppm Wiping Cloth ppm
Follow-up Inspec	ction:	Date:			
Temperatures:					
Item	Temp	Item	Temp	** Office Use Only **	
				For Profit \$165.00 Sampling \$29.00 Fundraising \$78.00 Additional Fee \$61.0	Hazardous Food \$45.00 Free to Public Non- Potentially Hazardous Foods
Received by					
Sanitarian				FEE RECEIVED	
				Inspected Event Ye	es / No (circle one)