

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

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

www.kanehealth.com

## 2025 Application for Mobile Vending Unit

	Truck Trailer	_ Pushcart (se	elect one)		
Commissary:					
			State:	Zip:	
Truck/Cart Number	er: Vehicle Lice	nse:	Year:		
Name of Owner/D	Oriver:	Address:			
City:	State: Z	ip:	Phone #:		
Company Name:		Address:			
	State: Zip:_				
Fax #:	Email:				
Permit to be maile	ed to: [ ] commissary [ ] owne	r/driver (Permit wi	ll be mailed to owner/drive	r if not checked)	
Food: [ ] Pre-pa	ckaged [ ] Food preparation on	vehicle Anticip	ated Months:		
Mobile Vending Unit Classification (see reverse): Type of Permit: [ ] New [ ] Renewal Food Served:					
Food Source:					
Certified Food Pro	otection Manager:		Position:		
Identification Num	nber:	Ex	Expiration Date:		
(Please check all that	apply) *** MECHANICAL REFF	RIGERATION REC	QUIRED ***		
Food Protection:	[ ] Off-ground [ ] Sneeze Shield	[ ] Covere	ed		
Cooking Method:	[ ] Grill [ ] Steam table/El				
Preparation Site: (location explanation)	[ ] Fryers [ ] Crock Pot		explain)		
			[ ] ladooro		
	[ ] Tent [ ] Trailer [ ] Pre-packaged [ ] Individu			ers	
	[ ] Public [ ] Private				
Handwashing:	washing: [ ] Hand sink [ ] Dispensed soap [ ] Dispensed paper towels				
	[ ] Spiggoted thermos with catch b			oods only)	
Utensil Washing:	[ ] Extra utensils [ ] 3 comp				
<b>VVVVVVVVVVV</b>	Sanitizer type: W				
-FOR OFFICE USE C	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
	Category:				

## **Route Sheet**

Time Arrive Time Leave	Name of Company	Address	Town
	VENDOR CLAS	SIFICATIONS	
TEGORY II - \$573.00 (Certifi easonal - less than 6 months p	ed Food Protection Manager		
s few food handling operation	s and includes facilities that rou	tinely:	
hold hot or cold food for use prepare menu items that requenenu items requiring comple	uire minimal handling, or	n canned, frozen, or fresh-prep	ared foods to limit handling
TEGORY III - \$515.00 easonal - less than 6 months p	ay \$345)		
ve few or no food handling op	erations and include facilities th	at routinely:	
serve only pre-packaged for prepare and serve only non- serve only non-alcoholic or a	potentially hazardous food suc	h as snack foods or soda, or	

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 uni	ts submitted after July 1 pay half the appropriate fee
	TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
Date:	Signature:

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