

APPLICATION FOR TEMPORARY FOOD EVENTS

WILL COUNTY HEALTH DEPARTMENT

North Branch Office
 323 QUADRANGLE DRIVE
 BOLINGBROOK, IL 60440
 (630) 679-7030
 FAX (630) 679-7031

Joliet Office
 501 ELLA AVENUE
 JOLIET, IL 60433
 (815)727-8490
 FAX (815) 740-8147

Eastern Branch Office
 44 TOWN CENTER
 UNIVERSITY PARK, IL 60484
 (708) 534-5721
 FAX (708) 534-3455

EVENT SPONSOR INFORMATION

Name of Event _____
 Location of Event _____
 City, State, Zip _____
 Sponsor _____
 Event Contact Person _____
 Event Contact Ph# _____
 Event Contact Email _____

BOOTH OPERATOR INFORMATION

Establishment _____
 Street _____
 City, State, Zip _____
 Contact Person _____
 Contact Person Ph# _____
 Contact Person Email _____

Dates of Event: _____
 Date and Time when ready for Inspection: _____

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 * Booth Construction *

Menu: _____

All food prepared onsite or at remote location (name and address): _____

(Include copy of remote locations permit to operate)

I have read the WCHD Technical Release No. 4 regarding Temporary Food Establishments and will comply with the requirements. Signature of Applicant: _____ Date: _____

CATEGORY	FEE	FEE WITH LATE FEE
Low Risk	\$45	\$65
Medium Risk	\$65	\$85
High Risk	\$100	\$120

TEMPORARY EVENT FEE SCHEDULE:

Please consult with WCHD Environmental Health Division to determine your applicable fee

Governmental Entities, schools, churches, and non-profit (NFP) groups pay 50% of temporary permit fees however are still subject to the full \$20 late fee. Non-profit organizations will be required to provide proof of their NFP status.

A \$20 late fee will be charged if vendor has not applied & paid for permit a minimum of 7 days prior to the event in which date of payment doesn't count. All fees paid are not refundable. Make checks payable to the Will County Health Department.

Credit Card payments make at www.govpaynow.com and use PLC7078 or call 888-604-7888 option 1

FOR OFFICE USE ONLY

DOCUMENT : SR# _____ TODAY'S DATE _____

PERMIT FEE PAID _____ DATE PAID _____ CHECK # _____

RECEIVED BY _____ RECEIPT # RP _____ Credit Card Trans # _____

Temporary Food Establishment Booth Construction

Hand Washing: hand sink container with spigot/catch bucket

Cold Food Holding Equipment: Refrigerators Freezers

Hot Food Holding Equipment: Steam Table Oven/Stove/Hot Box

Other (_____)

Water Supply: Public Private *(A satisfactory water sample must be obtained prior to permit approval)*

Wastewater Disposal: Sanitary Sewer Mop Basin Holding Tank

Floor Construction: Asphalt Concrete Tarp Tile Wood

Canopy Construction: Tent Wood Trailer

Barriers to Public: Tables Enclosed Trailer Interior Kitchen

Pest Control: Fans Food Covers Screens

Provide a sketch of the basic set-up of your temporary food booth. Include the following:

Tables Cooking Equipment Food Holding units

Food Prep area Ware Washing Area Hand Washing Area

Food Booth Sketch

