

APPLICATION FOR TEMPORARY FOOD EVENTS

WILL COUNTY HEALTH DEPARTMENT

WCHD— Main office
501 Ella Avenue
Joliet, IL 60433
815-727-8490
Fax 815-740-8147

WCHD— North Branch
323 Quadrangle Drive
Bolingbrook, IL 60440
630-679-7030
Fax 630-679-703

WCHD—East Branch
5601 W Monee-Manhattan Rd Suite 109
Monee, IL 60449
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: _____

Menu: _____

* COMPLETE BACK PAGE *
* Booth Construction *

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	EXAMPLE	FEE	WITH LATE FEE
Low Risk	Pre-packaged, non potentially hazardous items	\$60	\$90
Medium Risk	Food prep, hot/cold holding	\$90	\$120
High Risk	Smoking, cooling & reheating	\$135	\$165

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 \$30 late fee. Non-profit organizations will be required to provide proof of their NFP status.

A \$30 late fee will be charged if the application & permit fee are not received by WCHD 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

