

APPLICATION FOR TEMPORARY FOOD EVENTS

WILL COUNTY HEALTH DEPARTMENT

WCHD-Main Office
501 Ella Ave
Joliet IL 60433
(815) 727-8490
Fax (815) 740-8147

WCHD-North Branch
323 Quadrangle Drive
Bolingbrook IL 60440
(630) 679-7030
Fax (630) 679-7031

WCHD-East Branch
5601 W Monee-Manhattan Rd Ste 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: _____

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 ★ 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		FEE	WITH LATE FEE
Low Risk	Non-time/temperature control for safety food	\$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

