APPLICATION FOR MULTIPLE LOCATION 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

INITIAL EVENT SPONSOR INFORMATION

Name of Event__________________________________________________________

Location of Event_______________________________________________________

City, State, Zip__________________________________________________________

Contact Person_________________________________________________________

Event Contact Ph#_______________________________________________________

Date(s) of Event_________________________________________________________

Date and Time when ready for initial inspection: ______________________________

Menu: __________________________________________________________________

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

Include copy of remote locations permit to operate

Certified Food Protection Manager (Name, cert. #, and expiration):

A CFPM must be present onsite during operations for medium risk category applicants

Please list name and dates of future events in which you will be operating.

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

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

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>EXAMPLE</th>
<th>FEE</th>
<th>WITH LATE FEE</th>
<th>PERMIT PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>Non-time/temperature control for safety food</td>
<td>$250</td>
<td>$280</td>
<td>April 1—October 31</td>
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<tr>
<td>Medium Risk</td>
<td>Food prep, hot/cold holding</td>
<td>$425</td>
<td>$455</td>
<td>April 1—October 31</td>
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</table>

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: PR# __________________________________________________________

TODAY’S DATE __________________________ DATE PAID ________________________

PERMIT FEE PAID ______________________________________________________

INVOICE # IN __________________________ CHECK # _________________________

RECEIVED BY __________________________ RECEIPT # RP _____________________

CC TRANSACTION # ________________________ 11/18
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