



# APPLICATION FOR SUPPLEMENTAL OUTDOOR GRILLING PERMIT 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



### FOOD SERVICE / RETAIL FOOD FACILITY LOCATION:

Facility Name: \_\_\_\_\_ PR# \_\_\_\_\_ Level 1 or 2  
Address: \_\_\_\_\_ Suite # \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Alt. Phone/Fax#: \_\_\_\_\_  
Facility Contact : \_\_\_\_\_ Title: \_\_\_\_\_  
Certified Food Protection Manager: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### OWNER(S) INFORMATION:

Owner's Name / Corporation Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite # \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

### Grilling Menu:



Location of Grill: \_\_\_\_\_  
Grill Make / Model #: \_\_\_\_\_ Is Grill NSF / ANSI Approved? Yes or No  
Surface under the grill: \_\_\_\_\_ Barrier to Public Access: \_\_\_\_\_  
Hand Sink Location: \_\_\_\_\_ Outdoor Refrigerator Make/Model: \_\_\_\_\_  
Food Protection During Grilling (roof, canopy, cover): \_\_\_\_\_

DAYS OF OPERATION: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

HACCP ATTACHED? Yes or No (if no, HACCP must be submitted prior to the supplemental permit being issued)

YEARLY FEE: \$200

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**  
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SR # \_\_\_\_\_ PE# \_\_\_\_\_ Permit Fee Paid \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_

RP# \_\_\_\_\_ CC Transaction # \_\_\_\_\_

OW# \_\_\_\_\_ FA# \_\_\_\_\_ PR# \_\_\_\_\_ PE# \_\_\_\_\_

