

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

Governmental Entities, schools, churches, and non-profit (NFP) groups pay 50% of multi-location 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.

CATEGORY	EXAMPLE	FEE	WITH LATE FEE	PERMIT PERIOD
Low Risk	Non-time/temperature control for safety food	\$300	\$330	January 1—December 31
Medium Risk	Food prep, hot/cold holding	\$510	\$540	January 1—December 31

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 # _____

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

