



TEMPORARY FOOD EVENT APPLICATION

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 Joliet IL 60433
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 323 Quadrangle Drive
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 (630) 679-7030
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WCHD-East Branch
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 Monee, IL 60449
 (708) 534-5721
 Fax (708) 534-3455

EH@willcountyhealth.org

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|---------------------------------------|------------------------------------|--|---------------------------------|--|
| EVENT INFORMATION | Event name | | | |
| | Location: (address, city) | | | |
| | Event Contact | Name: | <input type="checkbox"/> Number | |
| | | Please check preferred method of contact | <input type="checkbox"/> Email | |
| | Date of Event: (up to 14 dates) | | | |
| Date & Time when ready for inspection | | | | |

| | | | | |
|--|---|--|---------------------------------|--|
| VENDOR INFORMATION | Vendor/Facility Name: | | | |
| | Location: (address, city, state, zip) | | | |
| | Contact | Name: | <input type="checkbox"/> Number | |
| | | Please check preferred method of contact | Email | |
| | Are you a licensed Food Establishment in Will County? <input type="checkbox"/> yes <input type="checkbox"/> no | | | |
| | If you are not licensed in Will County, are you licensed in another county/state? <input type="checkbox"/> yes <input type="checkbox"/> no Please provide a copy of your license, most recent inspection, or commissary agreement. | | | |
| | Are you a Non-for Profit? <input type="checkbox"/> yes <input type="checkbox"/> no if yes, provide copy of NFP status | | | |
| Do you have a Certified Food Protection Manager? <input type="checkbox"/> yes <input type="checkbox"/> no Name: _____ # _____ | | | | |

| MENU INFORMATION | Menu Item | Prepared onsite | Prepared offsite * | Cooled/reheated | Samples only |
|-------------------------|---------------------------------------|-----------------|--------------------|-----------------|--------------|
| | List all items to be served at event. | | | | |
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* All food prepared off site MUST be done in an approved facility. **FOOD MADE IN A HOME KITCHEN ARE NOT ALLOWED.**

WCHD Temporary Food Event Application continued

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|---|---|--|---|--|
| TEMPORARY FOOD SERVICE INFORMATION | Are You A Food Truck? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Handwashing | <input type="checkbox"/> Container With Hands Free Spigot <input type="checkbox"/> Hand Sink | Ware Washing | <input type="checkbox"/> 3 Buckets <input type="checkbox"/> Extra Utensils* <input type="checkbox"/> 3 Comp Sink |
| | Hot Holding Equipment: | <input type="checkbox"/> Steam Table <input type="checkbox"/> Hot Box <input type="checkbox"/> Oven <input type="checkbox"/> Grill <input type="checkbox"/> Other _____ | Cold Holding Equipment: | <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Other _____ |
| | Water Supply | <input type="checkbox"/> Public <input type="checkbox"/> Private Well. Attached Water Sample Results | Waste Water Disposal | <input type="checkbox"/> Public <input type="checkbox"/> Holding Tank |
| | Floor Construction | <input type="checkbox"/> Asphalt/Concrete <input type="checkbox"/> Tarp <input type="checkbox"/> Tile <input type="checkbox"/> Wood <input type="checkbox"/> Stainless Steel | Canopy | <input type="checkbox"/> Tent <input type="checkbox"/> Wood <input type="checkbox"/> Food Truck/Trailer |
| | Barrier To Public | <input type="checkbox"/> Tables <input type="checkbox"/> Food Truck <input type="checkbox"/> Interior Kitchen | Pest Control | <input type="checkbox"/> Fans <input type="checkbox"/> Screens <input type="checkbox"/> Food Covers |
| Sanitizer | <input type="checkbox"/> Chlorine (Bleach) <input type="checkbox"/> Quat Sanitizer <input type="checkbox"/> Test Strips | The Following Must Be Provided | <input type="checkbox"/> Hair Restraints, Hat/Hair Net <input type="checkbox"/> Gloves <input type="checkbox"/> Soap And Paper Towels <input type="checkbox"/> Dial Stem Thermometer | |

*All off-site ware washing must be done in an approved facility.

| Temporary Event Fee Schedule | | | | |
|--|---|--------------|--|--|
| Please consult with the WCHD Environmental Health Department to determine your appropriate fee. Government entities, schools, churches, and non-for profit (NFP) groups pay 50% of temporary event fees, however, are still subject to the full late fee. NFP are required to provide proof of their NFP status. | | | | |
| Category | Description w/ Examples | Fee | Fee if received no less than 7 days to the event start | Fee if received no less than 3 days of event start |
| Low Risk | Non-Time/Temperature controlled for safety foods. i.e. Popcorn, cotton candy, lemon shake ups, prepackage ice cream | \$72 | \$122 | \$144 |
| Medium risk | Food prep, hot/cold holding. i.e. Burgers, hot dogs, pizza, sandwiches, fried foods | \$108 | \$158 | \$216 |
| High risk | Smoking, cooling & reheating. i.e. pig roast, | \$162 | \$212 | \$324 |

Late fees will be charged if permit applications and fees are not received a minimum of 7 days of the event start date. Permit applications and fees received within 3 days of the event start date will be doubled.

All fees are non-refundable. Make checks payable to Will County Health Department

Credit card payments can be made at www.govpaynow.com use PLC code 7078 or call 888-604-7888 option 2

I have read the WCHD Tech Release No. 4 regarding temporary Food Establishments and will comply with the requirements.

Signature of Applicant: _____ date: _____

| FOR OFFICE USE ONLY | | |
|----------------------------|-------------|-----------------|
| SR # | Permit fee: | Received by: |
| Date paid: | IN# | RP# |
| Payment Type: | Cash | Check/CC Trans# |