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________________________________________

Contact Person__________________________________

Event Contact Person_____________________________

Contact Person Ph#_______________________________

Event Contact Ph#_______________________________

Contact Person Email_____________________________

Date of Event: ____________________________________________

Date and Time when ready for Inspection: ___________________________

Menu:_______________________________________________________________________________________

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: _______________

BOOTH OPERATOR INFORMATION

Establishment__________________________________

Street________________________________________

City, State, Zip__________________________________

Contact Person__________________________________

Contact Person Ph#_______________________________

Contact Person Email_____________________________

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 # ___________________________ 1/19
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**