

KANKAKEE COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2390 W. Station
Kankakee, IL 60901
Telephone (815) 802-9410 Fax (815) 802-9411

AMT. RECD. _____
CASH _____ CHECK _____
RECD BY _____
DATE RECD _____
APPROVED BY _____

TEMPORARY FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION

I/We hereby apply for a license to operate a Food Service Establishment on a temporary basis in Kankakee County for a period of _____ days, beginning on _____ and ending on _____.

Name of Event _____
Location of Event _____
Name of Establishment/Organization _____
Address _____
Contact Person _____ PHONE _____

HOURS OF OPERATION

Sun. _____ to _____ Thurs. _____ to _____
Mon. _____ to _____ Fri. _____ to _____
Tues. _____ to _____ Sat. _____ to _____
Wed. _____ to _____

FEE SCHEDULE

Temporary Food Sales
1 Day.....() \$25.00 2 to 14 consecutive days.....() \$40.00
Not for Profit (must meet guidelines).....() No Fee

Please return this signed, dated application and stipulated fee in the form of a money order (), check (), or cashier's check () made payable to

Kankakee County Health Department

**A LATE FEE OF \$25.00 SHALL BE ASSESSED FOR ALL APPLICATIONS
OR EVENTS THAT FAIL TO SUBMIT THIS FORM AND FEE
SEVEN (7) WORKING DAYS BEFORE THE EVENT**

Mail Application and fee to: KANKAKEE COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2390 W. Station
Kankakee, IL 60901

TEMPORARY FOOD SERVICE ESTABLISHMENT APPLICATION - Food Being Served and Methods of Preparation

POTENTIALLY HAZARDOUS FOOD ITEMS <small>(i.e. meat, fish, shellfish, poultry, eggs, milk and dairy products)</small>	ADVANCE PREPARATION?	COOKING PROCEDURES PLEASE CHECK ALL THAT APPLY					
<small>(List potentially hazardous foods to be served)</small>	Yes/No	THAW	PREP	COOK	HOLD	COOL	OTHER

Explain the thawing method/process to be used at the event: _____

List remaining food and beverages to be served.
