

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

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|-------------------|----------------|
| AMT. RECD. | _____ |
| CASH _____ | CHECK _____ |
| CARD TYPE _____ | APPRVL # _____ |
| 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

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

FEE SCHEDULE

Seasonal Food Operations (Concession Stands) () \$80.00 per season

Farmer's Market - () \$65.00 (14 collective days) () \$120.00 (28 collective days)

Temporary Food Sales

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

Multiple Date Events () \$40.00 for first event \$10.00 for each additional event (list additional events on event page)

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**. Credit card instructions are below.

When you provide a check as payment, you authorize us to use information from your check to process a one-time electronic Funds Transfer (EFT) or a draft drawn from your account, or to process the payment as a check transaction. When we use information from your check to make an EFT, funds may be withdrawn from your account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. If your payment is returned unpaid, you authorize the collection of your payment plus a return fee of \$25.00 by EFT or drafts drawn from your account.

If you would like to pay by credit card, please fill out the following information:

() Please charge my credit card for the amount as indicated above per the Annual Fee Schedule

Card Type (Please Circle): VISA MASTERCARD DISCOVER AMERICAN EXPRESS
 CARD NUMBER: _____ CVS#: _____ EXP. DATE: ____/____

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

1. Indicate the origin of the food/beverages (i.e. where will the food be purchased or provided from; include labels if possible) : _____

2. All food and beverage must be prepared on-site or in a licensed kitchen (not a domestic one). Provide the following information for the facility where advanced food prep will take place
- a. Facility name: _____
 - b. Address: _____
 - c. Date and time of advance preparation: _____
3. Indicate the distance and time for transporting food or beverage to the food service site.
- a. Distance: _____
 - b. Time: _____
4. How will food temperatures be maintained during transportation (hot foods hot; cold foods cold)?

5. Describe the equipment to be used at the event for:
- a. Cold holding _____
 - b. Hot holding _____
 - c. Cooking _____
6. Water Source: On-site municipal supply On-site well
 Other _____
7. How will the waste water be disposed? _____
8. Means for handwashing: Plumbed sink Gravity flow
 Other _____
9. Means of garbage disposal: Cans collected on-site Dumpster
 Other _____
10. Statement from Applicant: I certify the information in this application is complete and accurate. I understand the Kankakee County Health Department does not provide verbal approval of the plans or the deviation of approved plans, and that any deviation from the plans and procedures in this application without prior written information from the Kankakee County Health Department may nullify final approval and result in my not obtaining a permit, or having the permit suspended or revoked after it is issued.

Signature: _____ Date: _____

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

| POTENTIALLY HAZARDOUS FOOD ITEMS (i.e. meat, fish, shellfish, poultry, eggs, milk and dairy products) | ADVANCE PREPARATION? | COOKING PROCEDURES PLEASE CHECK ALL THAT APPLY | | | | | |
|---|----------------------|--|------|------|------|------|-------|
| | | THAW | PREP | COOK | HOLD | COOL | OTHER |
| (List potentially hazardous foods to be served) | Yes/No | | | | | | |
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Explain the thawing method/process to be used at the event:-

List remaining food and beverages to be served.

Kankakee County Health Department/Division of Environmental Health
 2390 E. Station, Kankakee, IL 60901
 (815) 802-9410

PRIOR APPROVAL INFORMATION SHEET

Name of Vendor _____ Street Address _____ Telephone No. _____

Vendor: Non-potentially hazardous foods _____ Y/N **Other** Temporary Food Stand _____ Mobile Food Unit _____

Please fill in anything that applies to your type of foods:

| TYPES OF FOODS TO BE SOLD OR PREPARED | PRE-PACKAGED? | | SOURCE Where Prepared or Bought | LABELED? | INGREDIENTS | FEE REQRD. |
|---------------------------------------|---------------|----|------------------------------------|----------|-------------|---------------|
| | YES | NO | | | | |
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Where stored: _____ Transported how: _____ Displayed: _____

**KANKAKEE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
TEMPORARY FOOD SERVICE ESTABLISHMENTS**

SELF INSPECTION

The following list is to assist you in conducting a self inspection of your food stand before you open. Carefully read the attached "Temporary Food Service Establishment Guidelines" for more complete information.

- [] **Application plus the fee has been submitted to the KCHD, 7 days before the event**
- [] Only potentially hazardous foods requiring limited preparation shall be prepared or served. Home preparation or service of other potentially hazardous foods is prohibited. (Exception) If the temporary food event can demonstrate that no health hazard will result from the method of preparation of potentially hazardous foods based upon information provided by the Health Department, the Health Department may allow certain home prepared foods to be served providing proper temperature requirements can be met
- [] Provide multiple clean utensils to replace the soiled ones as needed or provide 3 buckets to wash, rinse, and sanitize soiled utensils. Detergent, sanitizers, and a sanitizer test kit must be available in each stand where utensils are cleaned.
- [] When facilities are available, hand soap and paper hand towels shall be provided. However, wipes or hand sanitizer can not be used as a substitute for water, soap, and paper towels.
- [] Provide 5 buckets
 - 3 for a wash, rinse, and sanitize for utensils
 - 1 of sanitizer solution for wiping rags
 - 1 as a catch bucket for hand washing
- [] All equipment, utensils, etc. must be in good condition (no chips, cracks, pitting, etc.) Wood utensils are prohibited.
- [] Provide an accurate metal stemmed thermometer (not glass) for checking food temperatures. Scale 0°F to 220°F.
- [] Provide an accurate thermometer for each mechanical refrigeration unit (refrigerator or freezer).
- [] Provide sufficient mechanical refrigeration which will hold potentially hazardous food temperatures below 41°F at all times.
- [] Provide hot holding equipment that will maintain hot food temperatures of 140°F or above when required.
- [] Effective hair restraints must be worn by all employees (caps, visors, hair nets).