

MCHENRY COUNTY DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH 2200 NORTH SEMINARY AVENUE WOODSTOCK, ILLINOIS 60098

PH: 815-334-4585 FAX: 815-334-4637 WEBSITE: <u>www.mcdh.info</u>

TEMPORARY FOOD ESTABLISHMENT HEALTH PERMIT APPLICATION

VALID FOR NO MORE THAN 14 CONSECUTIVE DAYS AT A SPECIFIED FIXED LOCATION.

OFFICE USE ONLY	STAFF INITIALS:			
DATE RECEIVED:				
CHECK # / CASH / CREDIT CARD:				
AMOUNT RECEIVED:				
RECEIPT NUMBER:				
PERMIT NUMBER:	T-			

	TEMPORARY FOOD ESTABLISHMENT INFORMATION					
Risk Category: ONE (high) TWO (medium)						
Establishn	nent/Organ	ization Name:				
		Festival Name:				
Festival		Festival Contact Person Name:				
Inforn	nation	Festival Contact Person Phone Number:				
		Festival Contact Person Email:				
		Name:				
Owner Inf	formation	Phone:				
		Email:				
	~	Name:	Address:			
Person in Inforn	_	Phone:	City, State, Zip:			
11110111	iation	Email:				
Address to	be held at (s	street address, city, state, zip):				
Date to Ope	en:		Date to Close:			
Setup Time	(AM/PM):		Serving Time (AM/PM):			
Time Estab	lishment wi	ill be ready for inspection (AM/PM):				
Is this your first Temporary Food Event at this location for the current year? Yes No						
Certifie	Certified Food Name:					
Protection Manager		Certificate Number:				
Information Certificate Expiration Date:						
		TEMPORARY FOOD EVENT DESCRI				
Category		extensive or complicated preparation, high risk foods, or barbeques, chicken, tacos, egg rolls, pig roasts, shish-ket		\$70.00		
One	etc.).			\$70.00		
		limited preparation or handling (i.e. hot dogs, hamburger				
Category		barbeques, pizza assembled/cooked off site, scooped ice cream, pre-cooked items, prepared ice cream [sundaes, shakes, ice cream drinks, etc.], corn on the cob, funnel cakes, etc.).				
Two	Includes sa	ampling if not pre-packaged at an approved facility (also	\$45.00			
prepared Time/Temperature Control for Safety Food, excludes cottage food vendors at farmers' markets with IDPH sampling certificate.)						
Category	Pre-packaged, non-Time/Temperature for Safety Foods (i.e. canned pop, bagged chips, candy bars) and/or pre-					
Three	packaged in website "D	packaged ice cream. Exempt from fees and permit, but not requirements of Article III. See educational flyer on website "Do I need a Temporary Health Permit?" Fee				
Late Fees		If application and fee are not received at least five (5) days prior to the event, a late fee will be assessed. \$25.00				
rees				\$440.00 up to 10		
Festival		ons, facilities, or individuals taking responsibility for mult	iple separate food stands can take out a festival	food stands		
				\$35.00 each over 10		

One temporary food event is allowed per sponsor, per single location, per calendar year. Permits may be renewed provided:

- 1. The event is under direct supervision of a Certified Food Protection Manager, present onsite at all times of operation;
- 2. Past events were in substantial compliance with Ordinance requirements; and
- 3. Permit applications and fees have been submitted to the Department.

Discours Charles II 4b 44 Association	Water Supply:	Municipal Municipal	Self-Contained
Please Check all that Apply:	Sewage Disposal:	Municipal	Self-Contained

FOOD INFORMATION							
Menu:							
Are all menu items purch	ased pre-cooked	1? Yes	☐ No				
Food Purchased From:							
Mode of Transportation:							
Travel Distance:							
Temperature maintenance	e during transpor	rt:					
If items are purchased pri	or to the event	how and where are	they being stored?				
ii items are parenasea pri	to the event,	now and where are	they being stored.				
Is there food preparation	prior to the even	t? Yes	☐ No				
Where:							
Are you offering food san		Yes 1	No				
What samples are you off	fering?						
How are you dispensing y	vour samples?						
How are you dispensing your samples?							
MENU ITEMS / FOOD PREPARATION METHOD							
	unty Health De	partment Division	of Environmental Ho	ealth reserves the rigi	ht to exclude any m	nenu items.	
Menu Item					P 11		
List ALL items that will be served/sold	Comples	Raw Food	Food Cooked at	Food Cooked at	Food Items Commercially	Other	
except canned sodas,	Samples Only	Cooked Onsite	Licensed Facility	Licensed Facility	Prepared	(please describe)	
bottled water, bagged			(transported hot)	(reheated onsite)	(no cooking)	(preuse deserree)	
chips, or candy bars.							

TEMPORA Food purchased prior to event n NO FOO	nust either	be stored in	n a license		purchased the	day of the	event	•
1.) How are foods thawed?								
2.) How are all food/single service items being s	store? (6"	above grou	nd)					
3.) Where will food be stored prior to the event. Licensed Food Facility (name and a purchased food the day of the event.	address of t t							
3.) What type of setup will be used for washing. What type of sanitizer is being used? (i.e. bl			g of utensil	ls and equip	ment?			
4.) Describe hand washing station setup being u <i>Note: hand sanitizers are NOT an acc</i>		bstitute for	required h	and washir	ıg setup.			
5.) What type of canopy covering will be used t	o protect fo	od prepara	tion and se	rving area?				
6.) What type of condiments are being used? (i	e. individu	ally packag	ged, squeez	e bottles, op	pen bulk, etc.)			
7.) How is the food stand capable of maintaining refrigerator, chaffing dishes, grill, etc.):	g hot/cold f	ood temper	ratures, 41°	°F or below	and 135°F or a	bove, at all	l times	(i.e. cooler,
						7	Yes	Not Applicable
8.) Only approved materials/equipment are to be roaster/crock pots)					. no enamelwar	e [
9.) Food is not to be in direct contact with ice (i	ce containe	rs should a	lso have a	drain)		[
10.) A cooler thermometer is required							$\sqcup \bot$	<u> </u>
11.) A metal stemmed thermometer is required								<u> </u>
12.) Is there proper supervision at all times when food is being prepared?								
13.) Have you read your <i>Temporary Food Even</i>	ts brochure	?						
Fill out this application in its entirety and retu McHenry County Department of Health. If the If the establishment is owned by a corporation The applicant hereby states that he/she is fam he/she will operate this establishment in comp	ne establish n, the name iliar with tl	ment is in jes and addressed provision	partnership esses of conns of the H	or joint ten rporate office ealth Ordin	ancy, both part cers must be pro	ties must sig	gn the	application.
After this application has been filled out an establishment to go over temporary food h								
Applicant Signature & Print:						Da	ate: _	
Environmental Health Practitioner Signature:								
OPPYOR WAR ON W			Г	1 TY 1:	1. D			
OFFICE USE ONLY Date:	Talke	d To:	Environn	nental Healt	h Practitioner I	nitials:		
Phone		Left Mes	cane	□ No A	nswer			
Date:	Date:	Left Mes	buge	No A	Date:			

Date: 11/2018