

1240 N. Highland Ave., Suite 5, Aurora, IL 60506 Phone (630) 444-3040 Fax (630) 897-8123

1750 Grandstand Place, Elgin, IL 60123 Phone (630) 444-3040 Fax (847) 888-6458

www.kanehealth.com

2013 Application for Seasonal Food Handling Permit

As prescribed in Article II, Section C, Kane County Sanitation Ordinance, the undersigned hereby makes application for a permit to operate a food establishment in the County of Kane. Seasonal Temporary Events will include multiple temporary events within Kane County.

Name of Business:	Phone #:				
Owner:		Fax #:			
Address:	c	City:		State:Zip:	
Email:					
Food: [] Hot [] Cold [] P	re-packaged	Type of Permit:	[] New	[] Renewal	
Establishment Classification (see rev	rerse):	Anticipated Months:			
Food Served:					
Food Source:					
Certified Food Handler:		Position:			
Identification Number:		Expiration Date:			
(Please check all that apply) *** MEC	CHANICAL REFRIG	ERATION REQUIRED *	**		
Food Protection: [] Off-ground [Cooking Method: [] Grill [] Fryers [Preparation Site: (location explanation)] Steam table/Electi	= =			
Environmental Protection: [] Tent	[] Trailer [] Individually] Indoors] In covered	containers	
Source of Water: [] Public Handwashing: [] Hand sink	[] Private we [] Dispensed	II [] Transporte] Dispensed	ed paper towels	
Utensil Washing: [] Extra utensils	[] 3 comparti	ment sink [

Permit: \$		Approved by			

Events listed below will be the only events approved for this permit. ADDITIONAL BOOTHS WILL REQUIRE A SEPARATE TEMPORARY PERMIT TO BE ISSUED.

	Event Name(s)	Event Location	Event Date			
		VENDOR CLASSIFICATIONS				
	TEGORY III - \$370.00 s few food handling operations an	d includes facilities that routinely:				
1) 2) 3)	hold hot or cold food for use that prepare menu items that require menu items requiring complex prhandling.		n, or fresh-prepared foods to limit			
	TEGORY IV - \$244.00 ve few or no food handling operat	ions and include facilities that routinely:				
	 serve only pre-packaged foods, or prepare and serve only non-potentially hazardous food such as snack foods or soda, or serve only non-alcoholic or alcoholic beverages. 					
XX	×××××××××××××××××××××××××××××××××××××××	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxxxxxxxxxx			
	I AFFIRM THAT THE ABOVE IN	IFORMATION IS TRUE TO THE BEST OF MY K	NOWLEDGE AND BELIEF			
Da	ite.	Signature:				

REVISED 10/12