



2018 Application for Temporary Food Establishment Permit

| | | | | |
|---------------------------|------------------------|------|-------------------|-----|
| Business/Applicant | Name of Business | | Business Website: | |
| | Owner's Name | | Owner's Phone: | |
| | Owner's Address | City | State | Zip |
| | Business Email | | Business Fax: | |
| Event | Name of Event | | | |
| | Location of Event | | | |
| | Date and Time of Event | | | |
| | Coordinator's Name | | Phone | |

***** MECHANICAL REFRIGERATION REQUIRED *****

(Please check all that apply)

- Structure: Tent Trailer Building
 Source of Water: Public Private well Transported
 Handwashing: Hand sink Dispensed soap Dispensed paper towels
 Hands free spiggoted thermos with catch bucket
 Utensil Washing: Extra utensils 3 compartment sink 3 Containers

Sanitizer type _____ Waste Water Disposal Method: _____

*****List food items on reverse side*****

Application fees for Temporary Food Establishment Permits vary based on the length of the event as follows:

| | | |
|--------------------|------------------------|-----------------------|
| 1 Day: \$55 | 2-4 Days: \$115 | 5+ Days: \$160 |
|--------------------|------------------------|-----------------------|

Not-for-profit, Non- PHF, Sampling Only - 50% off of permit fees

Late fees will be accessed if application and fee is not received at least one week prior to the event.

"Temporary food" is defined as *up to 14 consecutive days at a fixed location in conjunction with a special event.*

All items that will be served/sold except non-potentially hazardous pre-packaged food items require a food permit.

| | |
|-------------------|-------------|
| Signature | Date |
| Print Name | |

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

| | | | | |
|------------------------|---------------|------------------|------------------------|----------------|
| Office Use Only | Permit Number | Permit Fee \$ | Approved by Accounting | Approved by EH |
|------------------------|---------------|------------------|------------------------|----------------|

Please Return this application and payment to: DeKalb County Health Department
 2550 N. Annie Glidden Rd.
 DeKalb, IL 60115
 Phone: 815-758-6673 Fax: 815748-2485
 Email: food@dekalbcounty.org

