DeKalb County Health Department
Prevent • Protect • Promote

2550 North Annie Glidden Road, DeKalb, IL 60115
Main 815-758-6673 Fax 815-748-2485
www.dekalbcountyhealthdepartment.org

2017 Application for Mobile Vending Unit

Truck ☐ *Trailer* ☐ *Pushcart* ☐ *(select one)*

Commissary:____

Address: ______________________________City:_______________State:______Zip:_______

Truck/Cart Number: _____________ Vehicle License: ____________________ Year: ___________

Name of Owner/Driver: _____________________ Address: ______________________________

City: ______________________ State: _____ Zip: ___________ Phone #:__________________

Company Name: ____________________________ Address:______________________________

City:__________________ State:_______ Zip:___________ Phone #:______________________

Fax #: _____________________ Email: ____

Permit to be mailed to: ☐ commissary ☐ owner/driver *(Permit will be mailed to owner/driver if not checked)*

Food: ☐ Pre-packaged ☐ Food preparation on vehicle Anticipated Months: _________________

Mobile Vending Unit Classification (see reverse): ________ Type of Permit: ☐ New ☐ Renewal

Food Served: ____

____

Food Source: ____

____

Certified Food Handler: ___________________________________ Position: ________________

Identification Number:______________________________ Expiration Date: _________________

(Please check all that apply) ***** MECHANICAL REFRIGERATION REQUIRED *****

Food Protection: ☐ Off-ground ☐ Sneeze Shield ☐ Covered

Cooking Method: ☐ Grill ☐ Steam table/Electric ☐ Steam table/Sterno-Gas
☐ Fryers ☐ Crock Pot ☐ other (explain) ______________________

Preparation Site: ____
(location explanation) ____

Environmental Protection: ☐ Tent ☐ Trailer ☐ Umbrella ☐ Indoors
☐ Pre-packaged ☐ Individually wrapped ☐ In covered containers

Source of Water: ☐ Public ☐ Private well ☐ Transported

Handwashing: ☐ Hand sink ☐ Dispensed soap ☐ Dispensed paper towels
☐ Spiggoted thermos with catch bucket ☐ Handi-wipes (pre-packaged foods only)

Utensil Washing: ☐ Extra utensils ☐ 3 compartment sink ☐ 3 Containers

Sanitizer type: ____________ Waste Water Disposal Method:____________________

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-FOR OFFICE USE ONLY-

Establishment Number: ______________________________ Permit Number: ____________________

Permit: $_______________ Class: ___________ Approved by: ______________________

Route Sheet

CHANGES TO THE ROUTE LISTED BELOW MUST BE SUBMITTED TO THE HEALTH DEPARTMENT

Time Arrive Time Leave	Name of Company	Address	Town

VENDOR CLASSIFICATIONS

Mobile Unit with Food Preparation - $280 (Certified Food Manager Required)

Has few food handling operations and includes facilities that routinely:

1) hold hot or cold food for use that day, or
2) prepare menu items that require minimal handling, or
3) menu items requiring complex preparation are prepared from canned, frozen, or fresh-prepared foods to limit handling.

Mobile Unit without Food Preparation - $180

Have few or no food handling operations and include facilities that routinely:

1) serve only pre-packaged foods, or
2) prepare and serve only non-potentially hazardous food such as snack foods or soda, or
3) serve only non-alcoholic or alcoholic beverages.

Proof of approved sources must accompany permit application in the form of a copy of a current inspection from a recognized health agency for commissaries located outside of DeKalb County.

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

Date: ________________________________ Signature: ____________________________________

THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR MOBILE VENDING UNIT

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