



**2017 APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT  
DEKALB COUNTY HEALTH DEPARTMENT**

I hereby apply for a Class E Permit to operate the following food establishment within DeKalb County, State of Illinois:

Please ***Print*** all requested information:

Name of Establishment: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Dates and Times of Event: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\*\*\*FOR POTENTIALLY HAZARDOUS FOODS, MECHANICAL REFRIGERATION IS REQUIRED!!!\*\*\***

*Check all that apply and supply requested additional information:*

FOOD PROTECTION	WATER	ON-SITE UTENSIL CLEANING	HANDWASHING METHODS	ENVIRONMENTAL PROTECTION
<input type="checkbox"/> Hot holding method: _____	<input type="checkbox"/> Public	<input type="checkbox"/> Extra utensils	<input type="checkbox"/> Hand sink	<input type="checkbox"/> Tent
<input type="checkbox"/> Off ground	<input type="checkbox"/> Private well	<input type="checkbox"/> 3-compart. sink	<input type="checkbox"/> Spiggotted jug	<input type="checkbox"/> Trailer
<input type="checkbox"/> Covered	<input type="checkbox"/> Transported	<input type="checkbox"/> 3 containers	<input type="checkbox"/> Dispensed soap	<input type="checkbox"/> Umbrella
<input type="checkbox"/> Sneeze guard	<input type="checkbox"/> Food grade hoses	<input type="checkbox"/> Sanitizer type: _____	<input type="checkbox"/> Dispensed paper towels	<input type="checkbox"/> Indoors
<input type="checkbox"/> Thermometers available and used	<input type="checkbox"/> Wastewater disposal method: _____	<input type="checkbox"/> Test strips available and used	<input type="checkbox"/> Catch bucket	<input type="checkbox"/> Other (specify) _____

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

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

<b>1 Day: \$55</b>	<b>2-4 Days: \$115</b>	<b>5+ Days: \$160</b>
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*Not-for-profit, Non- PHF, Sampling Only - 50% off of permit fees*

Late fees will be assessed 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 canned sodas, bottled water, bagged chips, or candy bars require a food permit. See examples on reverse side of application.***

**MY SIGNATURE BELOW CERTIFIES THAT THE ABOVE INFORMATION IS CORRECT AND TRUE AND THAT I AGREE TO ABIDE BY THE DEKALB COUNTY TEMPORARY FOOD SERVICE REGULATIONS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application and payment to:

DeKalb County Health Department  
Environmental Health Program  
2550 N. Annie Glidden Rd.  
DeKalb, Illinois 60115  
Phone: 815-758-6673  
Fax: 815-748-2485

