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FOR OFFICE USE ONLY
Date:
Amt. Rec'd:
Late Fee:
Check./Cash/Credit:
Receipt No:
Permit No:

Application must be completely filled out Fee Schedule on reverse side Only one location per application

Application for Special Event Permit

As prescribed in Article III, Chapter 50, Section 50-76, Winnebago County Ordinance, Food Establishments, the undersigned hereby makes application and agrees to the requirements for a permit to operate a Special Event in Winnebago County. Application is for up to six events in a six month period at a specified locations and dates with a consistent menu and same day food preparation.

Establishment Name: Phone #:
Owner/Operator: Fax #:
Person(s) in charge of booth: Phone #:
Address: City: State: Zip:
E-mail: Alternate phone #:
Food: [ ] Hot [ ] Cold [ ] Pre-packaged
Menu:
Potentially Hazardous Food: [ ] Same-day prep [ ] Commercially Processed [ ] Other:
Food Source(s):
Time of set up at 1st event: Time of service at 1st event:

Event Name: Phone #:
Event Address: City: State: Zip:
Organizer Name: Fax #:
Organizer Phone #: Organizer E-mail:

List all event dates for this location:

\*\*\* MECHANICAL REFRIGERATION MAY BE REQUIRED FOR MULTIPLE CONSECUTIVE DAY EVENTS\*\*\*

(Check all that apply)

Food Protection: [ ] Off-ground [ ] Sneeze/Cough Protection
[ ] Pre-packaged [ ] Individually wrapped [ ] Lidded containers
Cooking Method: [ ] Grill [ ] Electric steam table [ ] Gas steam table [ ] Fryers
[ ] Roaster [ ] Other (explain):

**Environmental Protection:**  Trailer  Tent  Canopy/Umbrella  Indoors

Source of Water:  Public  Private Well  Transported

Handwashing:  Hand sink  Soap  Paper towels

Spigot thermos w/catch bucket  Two bucket system

Utensil Washing:  Extra utensils  3-compartment sink  3 containers

Sanitizer type: \_\_\_\_\_

Waste water disposal at: \_\_\_\_\_

**Events listed below will be the only events approved for this permit at this location.**

**VENDOR CLASSIFICATIONS (Circle the classification your permit requires)**

**Medium Risk (Category II) Temporary Food Establishment**

Has few food handling operations and includes facilities that routinely:

- 1) Hot hold or cold hold food for use that day, or
- 2) Prepare menu items that require minimal handling, or
- 3) Menu item requiring complex preparation are prepared from commercially canned, packaged, or frozen foods to limit handling.

**Low Risk (Category III) Temporary Food Establishment**

Has 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

**Each event may be up to 6 consecutive days**

Special Event Establishment Permit (6 Month Period) *May 1 <sup>st</sup> - Oct 31 <sup>st</sup> or *Nov 1 <sup>st</sup> - Apr 30 <sup>th</sup>	Location Consistent	Menu Items Consistent	Category 3 Low Risk	Category 2 Medium Risk	Late Fee (8-13 days out respectively)	Late Fee (less than 7 days out respectively)
<b>Special Event A: 1 event/6 months</b>	Yes	Yes	<b>\$50.00</b>	<b>\$75.00</b>	\$10.00 – low risk \$25.00 – med. risk	\$20.00 – low risk \$75.00 – med. risk
<b>Special Event B: 2 to 3 events/6 months</b>	Yes	Yes	<b>\$100.00</b>	<b>\$150.00</b>	\$10.00 – low risk \$25.00 – med. risk	\$20.00 – low risk \$75.00 – med. risk
<b>Special Event C: 4 to 6 events/6 months</b>	Yes	Yes	<b>\$150.00</b>	<b>\$300.00</b>	\$10.00 – low risk \$25.00 – med. risk	\$20.00 – low risk \$75.00 – med. risk

Re-inspection fees are \$25.00 for low risk and \$50.00 for medium risk establishments.

**STATEMENT: I hereby confirm that the information is correct, and fully understand that any deviation from the above information may result in suspension of the Temporary Food Establishment/Special Event permit. More than one incident of misrepresentation may result in a Food Establishment/Person being denied a Temporary Food Establishment/Special Event Permit for any type of event up to 18 months.**

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

By typing your name in the signature box above, you are electronically signing this document.

**THIS PERMIT IS NOT TRANSFERABLE BY ESTABLISHMENT/PERSON OR BY SPECIFIED LOCATION FOR SPECIFIED DATES LISTED ABOVE.**



**PERMIT GUIDELINES QUESTIONNAIRE**

*(Attach this form with the completed application)*

This guideline is to identify which permit and risk level applies to each establishment type. A permit is based on establishment menu, operation and location. Complete this guideline questionnaire describing your establishment type.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Name of Establishment: \_\_\_\_\_

QUESTIONS	YES	NO
1. Will your event be indoors and operate for more than 26 separate occasions? Note: Requires annual permit.		
2. Will your event operate 26 separate occasions or fewer? Note: Requires either a Special event permit or Temporary permit.		
3. Do you have a commercial kitchen with an annual food and beverage permit?		
4. Is the commercial kitchen permitted in Winnebago County? If so, please provide: Name of Establishment: _____ Address: _____ If commercial kitchen is outside of Winnebago County, provide a copy of the permit and the most current inspection report.		
5. Do you own the commercial kitchen? Note: If the answer is no for TEMPORARY FOOD ESTABLISHMENT PERMIT, you may be required to obtain a TEMPORARY FOOD ESTABLISHMENT COMMISSARY PERMIT.		
6. Are you an event organizer? Note: An organized event means an event coordinated by an organizing entity in which multiple establishments participate.		
7. Select all that apply. Check yes if anything in this box is selected. a. Serve only pre-packaged foods b. Prepare and serve only non-potentially hazardous food such as snack foods or soda c. Serve only beverages (non-alcoholic or alcoholic)		
8. Select all that apply. Check yes if anything in this box is selected. a. Hot hold or cold hold food prepared same day b. Menu items require simple preparation (ie: dicing, slicing, cook-serve) c. Potentially hazardous menu items are purchased ready to eat (commercially processed).		
9. Select all that apply. Check yes if anything in this box is selected. a. Cool and reheat potentially hazardous foods b. Menu items require complex preparation (ie: partial cooking, mixing of fillings) c. Potentially hazardous foods prepared one or more days prior to the event		

	Best Matched Permit		Risk Level
If you answer Yes to question 1	Annual	If you answer Yes only to question 7	Low
If you answer Yes to question 2	Temporary	If you answer Yes to questions 7 and/or 8	Medium
If you answer No to question 3	Special Event	If you answer Yes to question 9	High
If you answer Yes to question 6	Organizer Event		

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By typing your name in the signature box above, you are electronically signing this document.

Please contact our department with any questions at 1-815-720-4100.