



555 N. Court Street
P.O. Box 4009, Rockford, IL 61110-0509
Phone: 815-720-4100 Fax: 815-720-4203

E-mail: environmental@wchd.org Web site: www.wchd.org

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 Multiple Temporary Establishment 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 temporary food establishment in Winnebago County. **Application is for multiple temporary establishments at a fixed location with a consistent menu and having an approved temporary food establishment commissary.**

Establishment Name: _____ Phone #: _____

Owner/Operator: _____ Fax #: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Alternate phone #: _____

Event Name: _____ Event Address: _____

List all event dates for this location: _____

Food: Hot Cold Pre-packaged

Potentially Hazardous Food: Same-day prep Prep ahead Commercially Processed Made from scratch

Menu: _____

Food Source(s): _____

Commissary Name and Address: _____

(Commissary sharing agreement must be submitted with application. High risk activity requires an individual commissary permit.)

Day(s) and time(s) of food preparation at the commissary: _____

Time of set up at 1st event: _____ Time of service at 1st event: _____

Food Service Manager Certification #: _____ Exp. Date: _____

*If none, attach proof of enrollment in an ANSI approved Food Service Manager Class to the application.

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

(Check all that apply)

Food Protection: Off-ground Sneeze/Cough Protection Covered/Wrapped

Cooking Method: Grill Electric steam table Gas steam table Fryers Roaster

Other (explain): _____

Environmental Protection: Trailer Tent Canopy/Umbrella Indoors

Pre-packaged Individually wrapped Lidded containers

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/wash at commissary 3-compartment sink 3 containers

Sanitizer type: _____ Waste water disposal at: _____

ADDITIONAL BOOTHS WILL REQUIRE A SEPARATE TEMPORARY PERMIT.

VENDOR CLASSIFICATIONS (Circle the category your permit requires)

High Risk (Category I) Temporary Food Establishment Commissary

Has complex food handling operations at the commissary that routinely:

- 1) Cool and reheat potentially hazardous foods, or
- 2) Menu items require complex preparation on site, or
- 3) Potentially hazardous foods prepared on site are held for more than 12 hours

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

Temporary Food Establishment Permit (6 Month Period) *May 1 st - Oct 31 st or *Nov 1 st - Apr 30 th	Location Including Commissary Consistent	Menu Items Consistent	Category 3 Low Risk	Category 2 Medium Risk	Category 1 High Risk	Late Fee (8-13 days out respectively)	Late Fee (less than 7 days out respectively)
Temporary Establishment A: 1 event/6 months	Yes	Yes	\$50.00	\$75.00	\$100.00	\$10.00 - low risk \$25.00 - med. risk \$50.00 - high risk	\$20.00 - low risk \$75.00-med. risk \$100.00-high risk
Temporary Establishment B: 2 to 4 events/6 months	Yes	Yes	\$50.00	\$100.00	\$200.00	\$10.00 - low risk \$25.00 - med. risk \$50.00 - high risk	\$20.00 - low risk \$75.00-med. risk \$100.00-high risk
Temporary Establishment C: 5 to 8 events/6 months	Yes	Yes	\$65.00	\$125.00	\$250.00	\$10.00 - low risk \$25.00 - med. risk \$50.00 - high risk	\$20.00 - low risk \$75.00-med. risk \$100.00-high risk
Temporary Establishment D: 9 to 12 events/6 months	Yes	Yes	\$80.00	\$150.00	\$300.00	\$10.00 - low risk \$25.00 - med. risk \$50.00 - high risk	\$20.00 - low risk \$75.00-med. risk \$100.00-high risk
Temporary Establishment E: 13 to 20 events/6 months	Yes	Yes	\$95.00	\$175.00	\$350.00	\$10.00 - low risk \$25.00 - med. risk \$50.00 - high risk	\$20.00 - low risk \$75.00-med. risk \$100.00-high risk
Temporary Establishment F: 21 to 26 events/6 months	Yes	Yes	\$110.00	\$200.00	\$400.00	\$10.00 - low risk \$25.00 - med. risk \$50.00 - high risk	\$20.00 - low risk \$75.00-med. risk \$100.00-high risk

A commissary sharing agreement (no fee) or Temporary Food Establishment Commissary permit (\$175.00) for establishments unable to obtain a commissary sharing agreement is required for all Temporary Food Establishments. Temporary Food Establishments with complex, high risk food preparation that do not have a Category I (high risk) food establishment are required to apply and pay the \$175.00 fee for an Temporary Food Establishment Commissary License. Re-inspection fees are \$25.00 for low risk, \$50.00 for medium risk and \$75.00 for high 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.

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

Signature: _____ Date: _____

THIS PERMIT IS NOT TRANSFERABLE BY ESTABLISHMENT/PERSON, BY LOCATION, OR BY DATES LISTED ABOVE.