

**APPLICATION FOR CLASS E 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:*

<b>FOOD PROTECTION</b>	<b>WATER</b>	<b>ON-SITE UTENSIL CLEANING</b>	<b>HANDWASHING METHODS</b>	<b>ENVIRONMENTAL PROTECTION</b>
<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)

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

1 day: \$40	2-4 days: \$85	5+ days: \$120
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“Temporary food” is defined as *up to 14 consecutive days at a fixed location in conjunction with a special event.*

**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 Div.  
2550 N. Annie Glidden Rd.  
DeKalb, Illinois 60115  
Phone: 815-758-6673