



**2016 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:

1 Day: \$55	2-4 Days: \$115	5+ Days: \$150
--------------------	------------------------	-----------------------

Not-for-profit 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

