



WINNEBAGO COUNTY HEALTH DEPARTMENT

401 Division Street
Rockford, IL 61104
(815) 720-4101 – Food Services

FOR OFFICE USE ONLY
Date Rec'd:
Amt. Rec'd:
Check/Cash:
Receipt:
Permit #:
Late fees applied

APPLICATION FOR:

TEMPORARY FOOD OR BEVERAGE PERMIT - FEE: \$50.00

Multiple booths under one roof –fee \$40.00 each.

Valid for no more than (two) 2 weeks at a specified location.

FEES and PERMITS are non-refundable and non-transferable.

INSTRUCTIONS: Fill out application in its entirety and return same to the WCHD together with the fee of \$50.00 (2) two weeks prior to the event. Multiple booths under one roof pay a fee of \$40.00 each. Make check payable to the Winnebago County Health Department (WCHD).

LATE FEES: Applications received less than 14 days to 7 days before an event pay a penalty fee of \$50.00 (1 additional late fee.) in addition to the original \$50.00 permit fee, total \$100.00. Applications received less than 7 days to 24 hrs before the event will pay \$100.00 (2 additional late fees of \$50.00 each) plus the original \$50.00 permit fee (Total fee \$150.00.) The same scale applies for temporary events under one roof. A brochure on Temporary Food Facilities requirements is available from the Winnebago County Health Dept. Food Services Division.

FESTIVAL NAME:
FESTIVAL HELD AT/ADDRESS:
FESTIVAL ORGANIZER'S NAME: PHONE:
ADDRESS: CITY: STATE: ZIP:

NAME OF ESTABLISHMENT/BOOTH:
OPERATOR IN CHARGE OF THE BOOTH: (Daytime) PHONE:
ADDRESS: CITY: STATE: ZIP:

Table with 4 columns: Date To Open, TYPE OF BOOTH, WATER SUPPLY, SEWAGE DISPOSAL. Rows include Prep Begins, Serving Begins, Date To Close.

A festival or individual fee will be charged for all festivals to individual food facilities regardless of non-for-profit tax supported status or holder(s) of current Winnebago County Food Permit (s).

Applicant hereby states he/she is familiar with the provisions of the Health Ordinance of Winnebago County, Illinois, and that he/she will operate this establishment in compliance with said provisions at all times.

Operator Signature

County Sanitarian

TEMPORARY FOOD VENDOR PLANNING SHEET

Approved: _____
Denied: _____
Date: _____

EVENT: _____

Concession Name: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Bus./Daytime) _____ (Home) _____

PROPOSED MENU ITEMS No menu additions without prior approval from this department.	SOURCES OF FOODS PRODUCTS



Sketch how you anticipate setting up your booth in the space below