



Winnebago County

Health Department

555 North Court Street, Rockford, IL 61103

Mail to: P.O. Box 4009, Rockford, IL 61110-0509

Phone: (815) 720-4100 Fax: (815) 720-4203

E-mail: environmental@publichealth.wincoil.gov

Website: publichealth.wincoil.gov

FOR OFFICE USE ONLY

Date: _____

Amt. Rec'd: _____

Late Fee: _____

Check/Cash/Credit/Epay: _____

Receipt No.: _____

Permit No.: _____

Application for Multiple Temporary Establishment Permit

Application is for multiple temporary establishments at a fixed location with a consistent menu and having an approved temporary food establishment commissary. *Application must be completely filled out; Fee Schedule located on page two; Only one location per application;*

Establishment Name: _____ Phone Number: _____

Owner/Operator: _____ Fax Number: _____

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

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

Commissary Name: _____ Commissary Address: _____

City: _____ State: _____ Zip Code: _____

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 Number: _____ Expiration Date: _____

If no Food Service Manager Certification, 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 Pre-Packaged Individually Wrapped Lidded Containers

Cooking Method: Grill Electric Steam Table Gas Steam Table Fryers Roaster Other: _____

Environmental Protection: Trailer Tent Canopy/Umbrella Indoors

Water Source: 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: _____

VENDOR CLASSIFICATION Select the risk classification and event level below.

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 that 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:

4. Hot hold or cold hold food for use that day, or
5. Prepare menu items that require minimal handling, or
6. Menu items 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 includes 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.

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

Each event may be up to 6 consecutive days

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 and \$50.00 for medium risk and \$75.00 for high risk establishments.

STATEMENT: As prescribed in Article III, Chapter 50, Section 50-76, Winnebago County Ordinance, Food Establishments, the undersigned hereby makes an application and agrees to the requirements for a permit to operate a Special Event in Winnebago County.

I hereby confirm that the information is correct, and fully understand that any deviation from the above information may result in the 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 for up to 18 months.

Applicants Signature: _____ Date: _____

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

Completed registration form, questionnaire, all supporting documentation, and registration fee must be submitted to WCHD by one of the following methods:
In Person: 555 N. Court St., Rockford IL · **Mail:** P.O. Box 4009, Rockford, IL 61110-0509 · **E-mail:** environmental@publichealth.wincoil.gov
 Fee may be paid with cash, check, card, or on epay at: <https://publichealth.wincoil.gov/how-do-i/get-a-permit-or-license/>



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Temporary Establishment Permit Guidelines Questionnaire

This guidelines questionnaire is to identify which permit and risk level apply to each establishment type. A permit is based on the establishment menu, operation and location. Complete this guideline questionnaire describing your establishment type. *Attach this form with the completed application.*

Name: _____ Phone Number: _____

E-mail: _____ Name of Establishment: _____

Questions	YES	NO
1. Will your event be indoors and operate for more than 26 separate occasions? IF YES, Requires ANNUAL PERMIT		
2. Will your event operate on 26 separate occasions or fewer?		
3. Do you have a commercial kitchen with an annual food and beverage permit?		
4. Is the commercial kitchen permitted in Winnebago County? If Yes , provide: Establishment Name: _____ Address: _____ If No , provide a copy of the permit and the most current inspection report.		
5. Do you own the commercial kitchen? If NO , you may be required to obtain a <i>Temporary Food Establishment Commissary Permit</i> to obtain a <i>Temporary Food Establishment Permit</i> .		
6. Are you an event organizer? (An organized event means an event coordinated by an organizing entity in which multiple establishments participate.)		
7. Check all that apply. Check YES if anything in this box is checked. <input type="checkbox"/> Serve only pre-packaged foods <input type="checkbox"/> Prepare and serve only non-potentially hazardous food (such as snack foods or sodas) <input type="checkbox"/> Serve only beverages (non-alcoholic or alcoholic)		
8. Check all that apply. Check YES if anything in this box is checked. <input type="checkbox"/> Hot hold or cold hold food prepared the same day <input type="checkbox"/> Menu items require simple preparation (ie: dicing, slicing, cooking) <input type="checkbox"/> Potentially hazardous menu items that are purchased ready to eat (commercially processed).		
9. Check all that apply. Check YES if anything in this box is checked. <input type="checkbox"/> Cool and reheat potentially hazardous foods <input type="checkbox"/> Menu items require complex preparation (ie: partial cooking, mixing of fillings) <input type="checkbox"/> Potentially hazardous menu items that are prepared one or more days prior to the event		

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

For questions, email environmental@publichealth.wincoil.gov or call us at 1-815-720-4100.

Applicants Signature: _____ Date: _____