



PERMIT GUIDELINES QUESTIONNAIRE

(Attach this form with the completed application)

This guideline is to identify which permit and risk level applies to each establishment type. A permit is based on establishment menu, operation and location. Complete this guideline questionnaire describing your establishment type.

Name: _____ Phone #: _____

E-mail: _____ Name of Establishment: _____

| QUESTIONS | YES | NO |
|--|-----|----|
| 1. Will your event be indoors and operate for more than 26 dates? Note: Requires annual permit. | | |
| 2. Will your event operate up to 26 dates at the same location (but no less than 6 dates)? Note: Requires either a Special event permit or Temporary permit. | | |
| 3. Do you have a licensed commissary? | | |
| 4. Is your commissary licensed in Winnebago County? If so, please provide: Name of Establishment: _____ Address: _____ Note: If commissary is out of Winnebago County, provide copy of permit and last inspection report. | | |
| 5. Do you own the commissary? Note: If the answer is no for TEMPORARY FOOD ESTABLISHMENT PERMIT, you may be required to obtain a TEMPORARY FOOD ESTABLISHMENT COMMISSARY PERMIT. | | |
| 6. Are you an event organizer? Note: An organized event means an event coordinated by an organizing entity in which multiple establishments participate. | | |
| 7. Is all food commercially processed, shelf-stable and prepackaged? (Examples: Bottled pop, bottled water or individually packaged snacks) Are shelf-stable beverages being dispensed? Purchased from: _____ | | |
| 8. Will potentially hazardous food only be served or prepared from the raw state on the day of the event? | | |
| 9. Will any of the potentially hazardous food be cooked and cooled in advance? | | |

| | Best Matched Permit | | Risk Level |
|-----------------------------------|---------------------|------------------------------------|------------|
| If you answer (Yes) to question 1 | Annual | If you answer (Yes) to question 7 | Low |
| If you answer (Yes) to question 2 | Temporary | If you answer (Yes) to question 8 | Medium |
| If you answer (No) to question 3 | Special Event | If you answer (Yes) to questions 9 | High |
| If you answer (Yes) to question 6 | Organizer Event | | |

Applicant's Signature: _____ Date: _____

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

Please contact our department with any questions at 1-815-720-4100.