



Winnebago County

Health Department

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FOR OFFICE USE ONLY	
Date:	_____
Amt. Rec'd:	_____
Late Fee:	_____
Check/Cash/Credit/E-PAY:	_____
Receipt No.:	_____
Permit No.:	_____

Event Organizer Application

Application Fee: \$50.00

Event organizer must **submit complete event packet** to the Winnebago County Health Department (WCHD) **at least 2 weeks before the event**. Late fees shall apply to TFE/SE applications received less than 2 weeks prior to the event.

Event Packet Checklist:

- Event Organizer Application
- Temporary Food Establishment (TFE) or Special Event (SE) Applications for all food/beverage operations
- Site map showing proposed locations of all TFE's/SE's, restrooms, garbage and wastewater disposal, etc.
- Payment for all applicable permit fees

Organizer Name: _____ Company Name: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Cell: _____ Email: _____
On-site TFE/SE Coordinator: _____ Phone: _____ Cell: _____

Event Name: _____ Location: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Date(s) and Time(s) of Food Service: _____

As the Event Organizer we will be responsible for providing the following for TFE's/SE's (check all that apply):

<input type="checkbox"/> TFE/SE Booths Booth Rental Company: _____ <i>At minimum, a cleanable floor surface and overhead protection is required for all. Food/beverage operations - If open foods are handled, the booth must be fully enclosed with side walls. Check with local Fire Department regarding approved food booth materials.</i>	Waste Disposal – TFE's/SE's may not take their wastes with them thus the organizer must: <input type="checkbox"/> Provide garbage and trash dumpsters <input type="checkbox"/> Provide liquid waste containers <input type="checkbox"/> Use existing janitorial sink for liquid waste disposal <input type="checkbox"/> Provide grease waste containers <input type="checkbox"/> Provide metal waste containers for spent charcoal
Employee Restrooms – Provide at least 1 toilet facility per 15 food employees within 200 feet of every food booth. Each toilet facility/structure shall be provided with hand washing facilities Specify: Number of toilets provided for employees: _____ Type: <input type="checkbox"/> Portable toilet facilities and hand washing facilities (adjacent to toilet facilities) <input type="checkbox"/> Existing restroom structures available.	Potable Water: <input type="checkbox"/> City Municipal Water (no reclaimed water) - <i>Water hose shall be of food grade material – no garden hoses</i> <input type="checkbox"/> Commercially purchased bottled water <input type="checkbox"/> Well water – a satisfactory bacteriological water test must be submitted prior to the event <input type="checkbox"/> Commercial ice

<input type="checkbox"/> Event Coordinator will notify all TFE's/SE's in regard to services that WILL NOT BE PROVIDED for them at the Event.	Facilities Available for Common Use – Requires Winnebago County Health Department Approval:
<input type="checkbox"/> Event Coordinator will notify Winnebago County Health Department of any vendor meetings.	<input type="checkbox"/> Refrigeration <input type="checkbox"/> Storage <input type="checkbox"/> Ware Washing <input type="checkbox"/> Other: _____

Administrative Responsibilities for ALL Coordinators:

- Make sure all permits to all TFE's/SE's are obtained and posted
- Provide **requirements** and **checklists** to operators. Ensure all vendors adhere to code requirements.
- Event Coordinator or representative must be available onsite to conduct a walk-thru inspection with an Environmental Health Inspector on the day of the event.

Site Map (you may provide on a separate sheet):

The undersigned hereby applies for a permit to operate (except events with only one food operation) and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures necessary to ensure compliance. The undersigned is aware that non-compliance may result in the closure of temporary food facilities. Additionally, the undersigned agrees that the Event Organizer as noted above is responsible for all fees applied to the event's invoice. *(Re-inspections are subject to additional fees; Payment of applicable fees to secure valid permits is required before commencing or continuing operations. Failure to do so may result in permit suspension/revocation proceeding, and/or closure)*

Applicant Signature: _____ Printed Name: _____ Date: _____

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Reviewed By: _____ Approved Missing Information Date: _____

Date Missing Information Provided: _____

*Submit completed application, supporting documents, and registration fee to the Winnebago County Health Department by one of the following methods:
In Person: 555 N. Court St., Rockford IL · **Mail:** P.O. Box 4009, Rockford, IL 61110-0509 · **Email:** environmental@publichealth.wincoil.gov
 Fee may be paid with cash, check, card, or on E-PAY at: <https://publichealth.wincoil.gov/how-do-i/get-a-permit-or-license/>*