



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  
Email: [environmental@publichealth.wincoil.gov](mailto:environmental@publichealth.wincoil.gov)  
Website: [publichealth.wincoil.gov](http://publichealth.wincoil.gov)

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

## Application for Mobile Food Vendor Permit

Risk 1M: October 1<sup>st</sup> – September 30<sup>th</sup> Permit Year; \$170.00 Fee Per Unit

Risk 2M: July 1<sup>st</sup> – June 30<sup>th</sup> Permit Year; \$285.00 Fee Per Unit

*Permits are non-transferable; Seasonal units are not prorated; Read carefully and ensure that all information provided is complete and accurate.*

Establishment Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Note: If a corporation, include names and addresses of the corporate officers on a separate sheet of paper.*

Commissary Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Full Time Certified Manager Name: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Type of Mobile Vendor Unit** – A mobile vendor is defined as selling food off trucks, trailers, or push carts. These vendors must provide documentation for an approved commissary. **A permit will not be issued without an approved commissary.**

**Risk 1M - \$170.00**

One routine inspection per year; Required for prepackaged foods and beverages and for door-to-door sales.

**Risk 2M - \$285.00**

One routine inspection per year; Required for serving potentially hazardous hot and/or cold foods.

### Vehicle Type:

**Vehicle** - Factory ID/VIN: \_\_\_\_\_ License Plate: \_\_\_\_\_

**Trailer** - Factory ID/VIN: \_\_\_\_\_ License Plate: \_\_\_\_\_

**Push Cart** - Factory ID/VIN: \_\_\_\_\_

Check the appropriate operation schedule below:

**Operates Year Round**

**Operates Seasonally** – specify - Season Opening Date: \_\_\_\_\_ Season Closing Date: \_\_\_\_\_

*December and January late fees do not apply to seasonal operations.*

I the *Applicant*, hereby state I am familiar with the provisions of the Health Ordinance of Winnebago County and that I will operate this establishment in compliance with said provisions at all times.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

County Sanitarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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

Email: [environmental@publichealth.wincoil.gov](mailto:environmental@publichealth.wincoil.gov)

Website: [publichealth.wincoil.gov](http://publichealth.wincoil.gov)

*Temporary Food Establishments (TFE's) and mobile food units using a commissary under different ownership, must submit this form with their Temporary Food Establishment Permit Application yearly or obtain a Temporary Food Establishment Commissary (TFEC) Permit. TFE's with high risk food preparation are required to have an individual TFEC Permit. A copy of a valid Illinois Food Service Sanitation Manager's Certificate must also be submitted for vendors with a high or medium risk permit. For Temporary Food Establishments located out of the county, comparable documentation will be required with the approval of their respective local Health Department.*

## Licensed Commissary Sharing Agreement

### Restaurant Information:

Restaurant/Organization Name: \_\_\_\_\_ Owner/Person in Charge: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Days of week TFE is approved to utilize the kitchen (check all that apply and specify hours of operation):

Sunday \_\_\_\_\_  Monday \_\_\_\_\_  Tuesday \_\_\_\_\_  Wednesday \_\_\_\_\_  Thursday \_\_\_\_\_  Friday \_\_\_\_\_  Saturday \_\_\_\_\_

*Liability Statement: By signing this agreement, I understand that my Food Establishment and the TFE are jointly and severally liable for any violations of the Winnebago County Food Code that may occur while the TFE is using my facility.*

Owner/Person In Charge Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Temporary Food Establishment Information:

Food Permit Number: \_\_\_\_\_ Location(s): \_\_\_\_\_

Days and Hours of Operation (check all that apply):  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Indicate start and end time for each Point of Sale location: \_\_\_\_\_

Business Name: \_\_\_\_\_ Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**An approved licensed kitchen/commissary is a fundamental part of a TFE operation. Requirements may vary depending on the menu, food preparation activities, and layout of the food booth. Indicate which of the following items will be available for use at the commissary:**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Handwashing Sink(s) <sup>1</sup> | <input type="checkbox"/> Dish Washing Facility <sup>2</sup> | <input type="checkbox"/> Food Preparation Sink <sup>3</sup> | <input type="checkbox"/> Mop Sink <sup>4</sup> |
| <input type="checkbox"/> Commercial Refrigeration Space   | <input type="checkbox"/> Preparation Table                  | <input type="checkbox"/> Freezer Space                      | <input type="checkbox"/> Cooking Equipment     |

<sup>1</sup> Approved hand sinks are required in all food preparation areas and dish washing areas.

<sup>2</sup> Dishwashing facility must be either a manual (3 or 4 compartment utensil wash sink) or mechanical (chemical or high temperature sanitizing dish machine).

<sup>3</sup> A commercial food preparation sink is required if commissary is lacking a commercial 3 or 4 compartment sink.

<sup>4</sup> A mop sink is required for all commissaries.

- TFE or mobile food unit operator must have access to the kitchen if hours of the TFE operation exceed hours of the Food Establishment.
- TFE or mobile food unit operator is responsible for correcting health code violations on their own equipment as well as shared equipment and facilities.
- TFE or mobile food unit operator shall notify the Winnebago County Health Department of any changes to this agreement. This agreement is not transferable.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: Health Inspector's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed permit application, agreement, supporting documentation, and permit fee to 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](mailto:environmental@publichealth.wincoil.gov)