



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

Application for Special Event Permit

Application is for up to 6 dates in a 6 month period at a specified location with a consistent menu and same day food preparation.
Application must be completely filled out; Fee Schedule located on page two; Only 1 location with up to 6 events per application;

Establishment Name: _____ Phone Number: _____
 Owner/Operator: _____ Fax Number: _____
 Person(s) In Charge of Booth: _____ Phone Number: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 E-mail: _____ Alternate Phone: _____

Food: Hot Cold Pre-Packaged
 Menu: _____
 Potentially Hazardous Food: Same-Day Prep Commercially Processed Other: _____
 Food Source(s): _____
 Time of set-up at 1st event: _____ Time of service at 1st event: _____

Event Name: _____ Phone Number: _____
 Event Address: _____ City: _____ State: _____ Zip Code: _____
 Organizer Name: _____ Fax Number: _____
 Organizer Phone: _____ Organizer E-mail: _____

List all event dates for this location: _____

***** 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: _____

Select the risk classification and event level below. *These will be the only events approved for this permit at this location.*

Medium Risk (Category II) – Temporary Food Establishment

Has few food handling operations and includes facilities that routinely:

1. Hot hold or cold hold food for use that day, or
2. Prepare menu items that require minimal handling, or
3. Menu item 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 Consistent	Menu Items Consistent	Category 3 Low Risk	Category 2 Medium Risk	Late Fee (8-13 days out respectively)		Late Fee (less than 7 days out respectively)	
					Low Risk	Med Risk	Low Risk	Med Risk
Special Event A: 1 event/6 months	Yes	Yes	\$50.00	\$75.00	\$10.00	\$25.00	\$20.00	\$75.00
Special Event B: 2 to 3 events/6 months	Yes	Yes	\$100.00	\$150.00	\$10.00	\$25.00	\$20.00	\$75.00
Special Event C: 4 to 6 events/6 months	Yes	Yes	\$150.00	\$300.00	\$10.00	\$25.00	\$20.00	\$75.00

Each event may be up to 6 consecutive days

Re-inspection fees are \$25.00 for low risk and \$50.00 for medium 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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Special Event 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 6 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: _____