

KENDALL COUNTY HEALTH DEPARTMENT



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FOR OFFICE USE ONLY

FOOD PERMIT #M-_____ INVOICE# _____ DATE ISSUED _____
ANNUAL FEE \$ _____ RISK CATEGORY: LOW MED HIGH
PAYMENT REC'D \$ _____ CASH CREDIT CHECK# _____
PERMIT YEAR APRIL 1ST TO MARCH 31ST — AFTER OCTOBER 1ST, FEES WILL BE PRORATED

MOBILE FOOD ESTABLISHMENT PERMIT APPLICATION

TYPE OF PERMIT : NEW ESTABLISHMENT ANNUAL RENEWAL CHANGE OF OWNERSHIP DATA CHANGE ONLY
TYPE OF ESTABLISHMENT: TRUCK TRAILER PUSHCART OTHER:

ESTABLISHMENT NAME: _____
(as it appears on the mobile unit)

ESTABLISHMENT OWNER/OPERATOR NAME: _____

STREET ADDRESS: _____ **CITY/STATE/ZIP:** _____

PHONE: _____ **E-MAIL:** _____

COMMISSARY NAME: _____ **PHONE:** _____

COMMISSARY OWNER: SELF OTHER: _____

COMMISSARY ADDRESS: _____ **CITY/ZIP:** _____

COMMISSARY AGREEMENTS FOR THE FOOD ESTABLISHMENTS USED FOR FOOD PREPARATION ARE REQUIRED. FOR COMMISSARIES AND RESTAURANTS NOT LOCATED WITHIN KENDALL COUNTY THE MOST RECENT INSPECTION REPORT IS ALSO REQUIRED.

VEHICLE OWNER NAME: _____ **VEHICLE/UNIT #** _____ **VEHICLE ROUTE #** _____

VIN#: _____ **LICENSE PLATE #:** _____

ALL VENDORS MUST PROVIDE LOCATION INFORMATION AND/OR SOCIAL MEDIA INFORMATION FOR ROUTINE INSPECTION.

ROUTE OR PLANNED EVENTS:

SOCIAL MEDIA, WEBSITE:

ALL **HIGH** AND **MEDIUM** RISK ESTABLISHMENTS MUST HAVE AN EMPLOYEE THAT HAS PASSED THE 8-HR STATE OF ILLINOIS APPROVED FOOD SERVICE SANITATION COURSE. THIS INDIVIDUAL MUST HAVE A VALID CERTIFICATE AS ISSUED BY THE IL DEPARTMENT OF PUBLIC HEALTH.

CERTIFIED MANAGER _____ **ID#** _____ **EXP.** _____

OWNER CERTIFIES THAT THE ABOVE INFORMATION IS ACCURATE AND IS HE/SHE IS FAMILIAR WITH THE PROVISIONS OF THE KENDALL COUNTY FOOD PROTECTION ORDINANCE AND WILL OPERATE THE FOOD ESTABLISHMENT IN COMPLIANCE WITH SAID PROVISIONS. ALL PERMITS WILL BE ISSUED UPON SUCCESSFUL COMPLETION OF THE PERMITTING INSPECTION*. **PERMITS SHALL BE IN THE MOBILE ESTABLISHMENT AT ALL TIMES AND POSTED IN PUBLIC VIEW.**

OWNER'S SIGNATURE (OR HIS/HER REPRESENTATIVE - typed name of owner will be accepted as a signature) _____ **DATE** _____

THE PERMIT IS NOT TRANSFERABLE TO ANOTHER OWNER OR MOBILE ESTABLISHMENT. THE FEE IS NON-REFUNDABLE.

PERMITTING INSPECTIONS SHALL BE CONDUCTED BY APPOINTMENT ONLY!