



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](mailto:environmental@publichealth.wincoil.gov)  
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<b>FOR OFFICE USE ONLY</b>	
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 1<sup>st</sup> event: \_\_\_\_\_ Time of service at 1<sup>st</sup> 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 <sup>st</sup> -Oct 31 <sup>st</sup> or *Nov 1 <sup>st</sup> – April 30 <sup>th</sup>	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](mailto: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? <b>IF YES, Requires ANNUAL PERMIT</b>		
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? <b>If Yes</b> , provide: Establishment Name: _____ Address: _____ <b>If No</b> , provide a copy of the permit and the most current inspection report.		
5. Do you own the commercial kitchen? <b>If NO</b> , 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](mailto:environmental@publichealth.wincoil.gov) or call us at 1-815-720-4100.

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