

APPLICATION FOR TEMPORARY FOOD EVENTS

WILL COUNTY HEALTH DEPARTMENT

WCHD-Main Office
501 Ella Ave
Joliet IL 60433
(815) 727-8490
Fax (815) 740-8147

WCHD-North Branch
323 Quadrangle Drive
Bolingbrook IL 60440
(630) 679-7030
Fax (630) 679-7031

WCHD-East Branch
5601 W Monee-Manhattan Rd Ste 109
Monee, IL 60449
(708) 534-5721
Fax (708) 534-3455

EVENT SPONSOR INFORMATION

Name of Event _____
Location of Event _____
City, State, Zip _____
Sponsor _____
Event Contact Person _____
Event Contact Ph# _____
Event Contact Email _____

BOOTH OPERATOR INFORMATION

Establishment _____
Street _____
City, State, Zip _____
Contact Person _____
Contact Person Ph# _____
Contact Person Email _____

Dates of Event: _____
Date and Time when ready for Inspection: _____
Menu: _____

★★★★★★★★★★★★★★★★★★
 ★ COMPLETE BACK PAGE ★
 ★ Booth Construction ★
 ★★★★★★★★★★★★★★★★★★

All food prepared onsite or at remote location (name and address): _____

(Include copy of remote locations permit to operate)

I have read the WCHD Technical Release No. 4 regarding Temporary Food Establishments and will comply with the requirements. Signature of Applicant: _____ Date: _____

CATEGORY		FEE	WITH LATE FEE
Low Risk	Non-time/temperature control for safety food	\$60	\$90
Medium Risk	Food prep, hot/cold holding	\$90	\$120
High Risk	Smoking, cooling & reheating	\$135	\$165

TEMPORARY EVENT FEE SCHEDULE:

Please consult with WCHD Environmental Health Division to determine your applicable fee

Governmental Entities, schools, churches, and non-profit (NFP) groups pay 50% of temporary permit fees however are still subject to the full \$30 late fee. Non-profit organizations will be required to provide proof of their NFP status.

A \$30 late fee will be charged if the application & permit fee are not received by WCHD a minimum of 7 days prior to the event in which date of payment doesn't count. All fees paid are not refundable. Make checks payable to the Will County Health Department.

Credit Card payments make at www.govpaynow.com and use PLC7078 or call 888-604-7888 option 1

FOR OFFICE USE ONLY

DOCUMENT : **SR#** _____ TODAY'S DATE _____
 PERMIT FEE PAID _____ DATE PAID _____ CHECK # _____
 RECEIVED BY _____ RECEIPT # **RP** _____ Credit Card Trans # _____

Temporary Food Establishment Booth Construction

Hand Washing: ____ hand sink ____ container with spigot/catch bucket

Cold Food Holding Equipment: ____ Refrigerators ____ Freezers

Hot Food Holding Equipment: ____ Steam Table ____ Oven/Stove/Hot Box
____ Other (_____)

Water Supply: ____ Public ____ Private *(A satisfactory water sample must be obtained prior to permit approval)*

Wastewater Disposal: ____ Sanitary Sewer ____ Mop Basin ____ Holding Tank

Floor Construction: ____ Asphalt ____ Concrete ____ Tarp ____ Tile ____ Wood

Canopy Construction: ____ Tent ____ Wood
____ Trailer

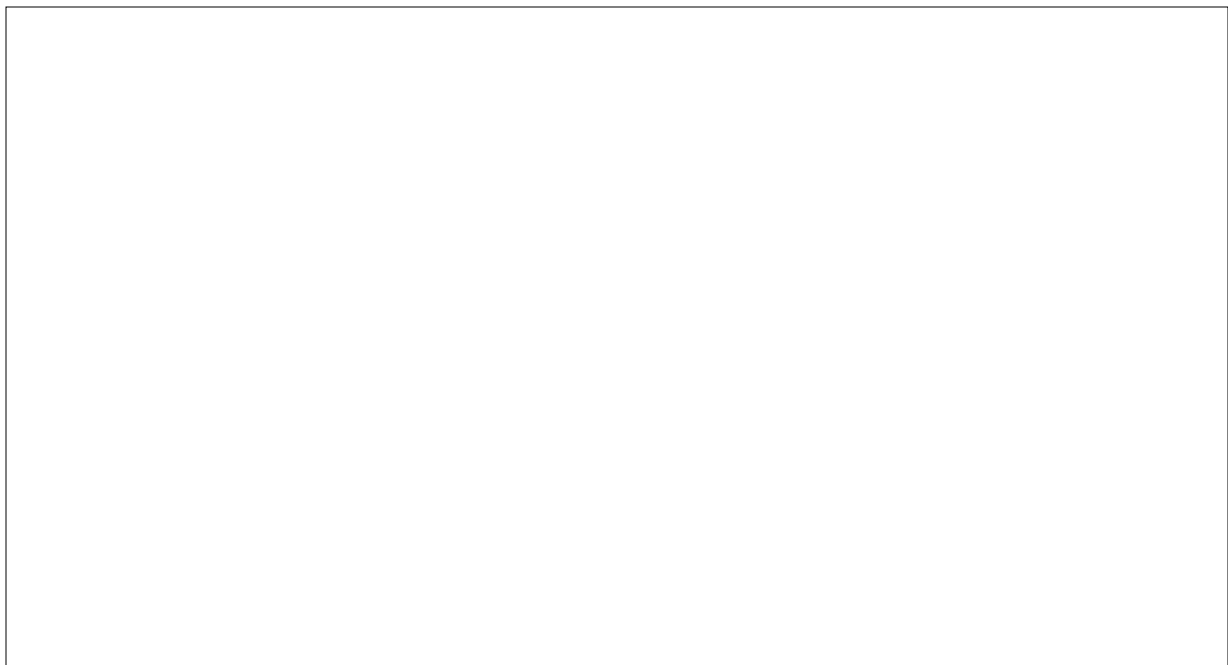
Barriers to Public: ____ Tables ____ Enclosed Trailer ____ Interior Kitchen

Pest Control: ____ Fans ____ Food Covers ____ Screens

Provide a sketch of the basic set-up of your temporary food booth. Include the following:

____ Tables ____ Cooking Equipment ____ Food Holding units
____ Food Prep area ____ Ware Washing Area ____ Hand Washing Area

Food Booth Sketch





**Philippine Fest Bolingbrook (Piyesta Pinoy sa Bolingbrook)
Food Vendor Application
Saturday, June 10, 2023**



Programs at **Piyesta Pinoy at Bolingbrook** provide a special forum for artists and performers to share their work and talent and promote the Filipino American arts and cultural heritage. PACF is dedicated to fostering unity, growth and continued awareness of our rich cultural heritage. Programming is developed in partnership with the Consulate General of the Philippines, community organizations, performing art groups, artists and individual volunteers.

Please read all sections carefully and fill out completely up to solid blue line.

Submit this form by **email and proof of insurance to: PiyestaPinoy@gmail.com**

Deadline for early submission with 20% deposit of your vendor category – Monday, May 15, 2023. Full payment in advance will be given priority to select the location of their booth within the vendor area. Proof of insurance coverage is required upon submission of your application.

Food Vendor

Food Vendor Name: _____

Description of Food Items that you are selling.

Note – **You are not allowed to sell items that are sold in the concession stand specifically water, soda/pop, beer, alcohol, hot dog, popcorn, chips, empanada, ice cream and nachos. You will be asked to refrain from selling those items and may not be asked back in 2023.**

Food Vendor Fees Options –

Regular Foods (Medium Risk Fully cooked food, No high heat/fire, No raw/uncooked food): All vendors are required to be ready for the health department food inspection at 9:00am sharp. You will not be allowed to open if you miss the food inspection from 9am-10am.

- Booth Package (includes 10 x 10 Tent, already set-up, 1 8’ table, 2 chairs & food inspection fee) ----- \$ 600
(Prime spot by performance stage and concession stand. First Vendor with completed application will be prioritized. There are 9 spots)
- Booth Package (includes 10 x 10 Tent, already set-up, 1 8’ table, 2 chairs & food inspection fee) ----- \$ 500
(Located by the cultural booth and community show case center. Electricity available. No running water)
- Booth Space Only (10x10) (Bring & setup your own tent, table, chairs and banner. Food inspection fee included) ----- \$ 400

Specialty Foods (Low-Risk- Pre-packaged food, baked goods snacks): All vendors are required to be ready for the health department food inspection at 9am sharp. You will not be allowed to open if you miss the food inspection from 9am-10am.

- Booth Package (includes 10 x 10) Tent, already set-up, 1 8’ table, 2 chairs & food inspection fee) ----- \$ 400

Materials/ Equipment that you provide:



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Contact Information

Name: _____ Phone: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip: _____

Submissions

Piyesta Pinoy requests the submission of a photograph/logo (electronic file or hard copy) of your food/restaurant/food truck. This may be published on our website and/or publicity materials.

Yes, I have included a photo/image

***** This portion will be filled up by the Piyesta Pinoy Committee and will be returned to you for participation confirmation and agreement *****
 This letter serves as both your confirmation and your letter of agreement. Please sign both copies, retain one (1) for your records and return one (1) by email: PiyestaPinoy@gmail.com

Food Vendor Confirmation

Full Payment must be received by June 1, 2023. No cancellation and no payment refund will be allowed once the payment is received.

Check No. _____ Amount _____
 Food Vendor Name _____
 Email/Phone/Website _____
 Address _____

Please make checks payable to: Philippine American Cultural Foundation (PACF). Mail completed form and check to:
 Philippine American Cultural Foundation
 c/o JP Ferrer
 8994 Big Sable Point
 Frankfort, IL 60423

Food Vendor Agreement

Insurance and Health Department Inspection: The Food vendor agree(s) to provide the required food vendor insurance and pass the Health department food inspection by 9am on June 10, 2023. Please refer to the Health Inspection Booklet. Items often cited by the inspector are: Thermometer, PH Test Strips, Buckets with spigot for running water, two additional buckets for rinsing and sanitizing. You do not have to have your food at the time of the inspection. The inspector will take the temperature of your heating pan and cold items, if applicable.

Indemnification: The Food vendor agree(s) to indemnify, defend and hold harmless the Piyesta Pinoy Committee or the Philippine American Cultural Foundation and Village of Bolingbrook, its affiliates, officers and directors, employees and agents from any and against any liability or expense (including reasonable attorney's fees) in connection with any claims by a third party arising directly or indirectly from the event. There will be no refunds issued for vendors due the weather or any unforeseen circumstances. The event will take place rain or shine. Vendors also agree to the 9 am health department food inspection. Once the health inspector leaves the premises, you will not be allowed to sell their food at the event, thus forfeiting their non-refundable fees.

I agree and understand the conditions stated above:

Print Name of Food Vendor Representative:

Signature** of Food Vendor Representative: _____ Date: _____