



WINNEBAGO COUNTY HEALTH DEPARTMENT

401 Division Street
Rockford, IL 61104
(815) 720-4101 – Food Services

FOR OFFICE USE ONLY
Date Rec'd:
Amt. Rec'd:
Check/Cash:
Receipt:
Permit #:
Late fees applied

APPLICATION FOR:

TEMPORARY FOOD OR BEVERAGE PERMIT - FEE: \$50.00

Multiple booths under one roof –fee \$40.00 each.

Valid for no more than (two) 2 weeks at a specified location.

FEES and PERMITS are non-refundable and non-transferable.

INSTRUCTIONS: Fill out application in its entirety and return same to the WCHD together with the fee of \$50.00 (2) two weeks prior to the event. Multiple booths under one roof pay a fee of \$40.00 each. Make check payable to the Winnebago County Health Department (WCHD).

LATE FEES: Applications received less than 14 days to 7 days before an event pay a penalty fee of \$50.00 (1 additional late fee.) in addition to the original \$50.00 permit fee, total \$100.00. Applications received less than 7 days to 24 hrs before the event will pay \$100.00 (2 additional late fees of \$50.00 each) plus the original \$50.00 permit fee (Total fee \$150.00.)

FESTIVAL NAME: CumulusChili Shoot Out 2011
FESTIVAL HELD AT/ADDRESS: Davis Park 320 S. Wyman St Rockford, IL
FESTIVAL ORGANIZER'S NAME: Jan Thorpe/Stephanie O'Neill PHONE: 815-399-2233
ADDRESS: 3901 Brendenwood Rd CITY: Rockford STATE: IL ZIP: 61107

NAME OF ESTABLISHMENT/BOOTH: X
OPERATOR IN CHARGE OF THE BOOTH: X (Daytime) PHONE:
ADDRESS: X CITY: X STATE: X ZIP: X

FOOD MENU:
WHERE WILL FOOD BE PREPARED?
Table with columns: Date To Open, TYPE OF BOOTH, WATER SUPPLY, SEWAGE DISPOSAL. Rows include Prep Begins, Serving Begins, Date To Close.

A festival or individual fee will be charged for all festivals to individual food facilities regardless of non-for-profit tax supported status or holder(s) of current Winnebago County Food Permit (s).

Applicant hereby states he/she is familiar with the provisions of the Health Ordinance of Winnebago County, Illinois, and that he/she will operate this establishment in compliance with said provisions at all times.

X
Operator Signature

County Sanitarian

TEMPORARY FOOD VENDOR PLANNING SHEET

Approved: _____
Denied: _____
Date: _____

EVENT: Chili Shoot-Out 2011

Concession Name: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Bus./Daytime) _____ (Home) _____

PROPOSED MENU ITEMS No menu additions without prior approval from this department.	SOURCES OF FOODS PRODUCTS



Sketch how you anticipate setting up your booth in the space below

2011 Budweiser Chili Shoot-Out

Cooks Registration Form:

Team Name: _____

Team Captain: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

How many years have you cooked at the Shoot-Out? _____

E-Mail Address _____

Team Members:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please mail your \$50 check (made out to *Cumulus*) along with this registration form and the Health Department Application to:

Cumulus Broadcasting - Chili Shoot-Out

3901 Brendenwood Rd

Rockford, IL 61107

815-399-2233

(Your \$50 Fee Includes the Health Dept. Fee and Cumulus Entry Fee)
Deadline for Entries are September 23rd or when we receive 50 Applications