



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:
FESTIVAL HELD AT/ADDRESS:
FESTIVAL ORGANIZER'S NAME: PHONE:
ADDRESS: CITY: STATE: ZIP:

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

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.

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) \_\_\_\_\_

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



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 23<sup>rd</sup> or when we receive 50 Applications