

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: \$40.00

Multiple booths under one roof –fee \$30.00 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 a pplication in its entirety and return same to the WCHD together with the fee of \$40.00 **(2) two weeks** prior to the event. Multiple booths **under one roof** pay a fee of \$30.00 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 **\$40.00** (1 additional late fee.) **in addition to the original \$40.00 permit fee, total \$80.00.** Applications received **less than 7 days to 24 hrs** before the event will pay **\$80.00** (2 additional **late fees of \$40.00 each**) **plus the original \$40.00 permit fee (Total fee \$120.00.)** The same scale applies for temporary events un der one roof. A brochure on Temporary Food Facilities requirements is availab le from the Winnebago County Health Dept. Food Services Division.

FESTIVAL NAME: Cumulus Chili Shoot Out 2010 _____

FESTIVAL HELD AT/ADDRESS: Rockford Speedway, Rtoute 173 & Forest Hills Rd _____

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: _____ ZIP: _____

FOOD MENU: CHILI

WHERE WILL FOOD BE PREPARED? On Rockford Speedway Grounds under a tent

Date To Open: October 9, 2010	TYPE OF BOOTH	WATER SUPPLY	SEWAGE DISPOSAL
Prep Begins: 8AM PM	TENT x	SELF CONTAINED	SELF CONTAINED
Serving Begins: AM 3PM	TRAILER	MUNICIPAL x	MUNICIPAL x
Date To Close:	OTHER	OTHER	OTHER

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
 10/04/04

 County Sanitarian

TEMPORARY FOOD VENDOR PLANNING SHEET

Approved: _____
Denied: _____
Date: _____

EVENT: Chili Shoot-Out 2010

Concession Name: x _____


Applicant's Name: x _____

Address: x _____

City: x _____ **State:** _____ **Zip Code:** _____

Telephone: (Bus./Daytime) x _____ **(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

2010 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