**COOK COUNTY DEPARTMENT OF PUBLIC HEALTH**

ENVIRONMENTAL HEALTH SERVICES

2121 Euclid Ave., Room 250

Rolling Meadows, IL 60008

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**APPLICATION FOR “TEMPORARY”AND “FARMER’S MARKET”**

**FOOD VENDOR PERMIT**

Name of event:

Location or address of event:

Name of applicant:

Telephone number(s):

Email:

Date(s) applicant will serve or sell food at the event:

List all food items that will be sold or served:

Are you sampling your product?

Provide the name(s) and address(es) of the food establishments that are providing the food for the market. Also provide a copy of their ***business license*** and ***last two inspection reports****.*

***Egg license*** (if selling eggs) ***Shared kitchen license*** or ***contract*** (if cooking in a shared kitchen) ***Cottage food certificate or application that is reviewed*.**

Provide a copy of a label if you are selling pre-packed items.

Where will the food be prepared? (*on-site* or *off-site*)

If off-site, provide the name(s) and address (es) of ALL the preparation facilities:

Provide the date and time of preparation: If the food is prepared off-site, where will food be stored prior to the event and how will it be transported to the event?

Also, how will food be maintained at safe temperatures during transportation?

What equipment will be used to maintain food at safe temperatures during the event? If serving food that requires refrigeration must have a **freezer** or **refrigerator**. If serving hot foods that are kept hot must have **hot holding units**.

I hereby declare that I have read and do understand the “Temporary Food Service Establishments Regulations” and “Farmer’s market regulations”.

Applicant’s Signature Date

**\*The Health Department requires at least two weeks to review and process an**

**Application (Must have approval from the health department before participating**

**in the market)**