Please review the requirements below for each food service location. Print off and fill out the application on the second page. Return it to Health & Human Services at healthmail@vah.com or fax: (847) 368-5980

Locations will not be permitted to prepare or sell foods until these items are provided and a certificate is issued.

- Only pre-packaged and commercially pre-cooked potentially hazardous foods, or foods requiring minimal preparation
- Metal stem thermometer to monitor food temperatures
- A spray bottle filled with an approved sanitizer
- Test strips to measure sanitizer concentration
- Water container with spigot for hand washing and a container to recapture waste water. This hand washing station must be kept accessible at all times
- Hand soap and paper towels
- Proper utensils to eliminate unnecessary hand contact with foods (tongs, disposable gloves, wax paper, etc.)
- Three, 5 gallon pails or a 3-compartment sink (wash, rinse, sanitize) for properly washing food utensils. Sanitizer must be maintained at the proper concentration. If the event is less than 4 hours, an adequate supply of back up utensils may be provided instead of a 3-compartment sink.
- Proper hair restraints for employees
- Lined refuse container for patron waste
- All condiments must be single-use packets, squeeze bottles or pump dispensers
- Mechanical refrigeration must be provided for multiple day events.

The application must be completed in as much detail as possible, signed, dated and returned to the Arlington Heights Health Services Division for review at least 7 days prior to the temporary event date. Separate applications are required for each event.

Be sure to keep this page as a check list for your event.

Submit the application below by mail, fax, or e-mail to:

Arlington Heights Health & Human Services Department| Environmental Health
33 S. Arlington Heights Road, Arlington Heights, Illinois 60005
Phone: (847) 368-5760 Fax: (847) 368-5980 healthmail@vah.com
Village of Arlington Heights
Temporary Food Service Event Application

Event Name:____________________________________________________________

Event Location: __________________________________________________________

Event Date & Time:_______________________________________________________

Restaurant/Caterer Name:__________________________________________________

Restaurant/Caterer Address: _______________________________________________

City/State_______________________________________________________________

Contact Name:_______________________________ Phone: ______________________

Email:__________________________________________________________________

Food Items To Be Served: _________________________________________________

______________________________________________________________________

______________________________________________________________________

Method of maintaining Hot (Above 135°) and Cold (Below 41°) food temperatures during transportation and event. All food items must be covered or wrapped to protect from contamination. **Mechanical refrigeration must be provided for multiple day events. Any potentially hazardous foods that are outside of the required temperatures will be discarded.**

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

You must provide a copy of your kitchen’s/commissary’s most recent routine food inspection or yearly license, if your business is not located within the Village of Arlington Heights. If using a 3rd party kitchen, also provide a copy of the agreement between the kitchen owner and restaurant/caterer.

I have read this document and understand that if I do not comply with these requirements that I will not be permitted to participate in the event.

_______________________________________  __________________
Signature of Applicant      Date