

VILLAGE OF WESTERN SPRINGS

FRENCH MARKET PERMIT APPLICATION

An outdoor market, where vendors sell fresh produce direct to the public lasting no longer than fourteen (14) consecutive days. The menu of a seasonal/french market participant will be approved based upon review of the establishment and its operations. All participants must operate in compliance with the applicable Illinois Department of Public Health (IDPH) Rules and Regulations. Failure to follow the rules set forth may result in removal from participation and or alternate enforcement action. **For assistance with the form, please contact Health Inspection Professionals, Inc., at (630) 222-9359.**

REFER TO THE STATE DIRECTIVE FOR RULES AND REGULATIONS

<http://www.ilga.gov/legislation/96/SB/PDF/09600SB3977lv.pdf>

APPLICATION REQUIREMENTS:

1. **COMPLETED APPLICATION AND \$60 ANNUAL FEE MUST BE SUBMITTED A MINIMUM OF TEN (10) BUSINESS DAYS PRIOR TO THE EVENT. SUBMIT APPLICATION TO THE COMMUNITY DEVELOPMENT DEPARTMENT, 4453 WOLF RD. M-F BETWEEN 8:30 A.M. AND 5 P.M. APPLICATION AND FEE WILL NOT BE ACCEPTED AT THE MARKET.**
2. Include a copy of the latest inspection, within the last six (6) months, that was performed by the local health authority (outside of Western Springs).
3. Include a copy of the valid Food Service Manager Certification issued to the person responsible for this operation, if applicable.
4. Include a copy of all Government Licenses (USDA, IDPH or Local Health Department) associated with your food product.
5. Home-prepared foods **CANNOT BE SERVED** at events open to the public. Cottage Food vendors are welcome. Please submit a copy of your Cottage Food License from your municipality with your permit application.

Business Name: _____

Type of Business: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

E-mail: _____ Fax: _____

Manager Name and License #: _____

SECTION I EVENT: FRENCH MARKET

Location of Event: _____

Expected first day of operation: _____ Expected last day of operation: _____

Dates and Hours of Operation (if available, attach a schedule): _____

Name of Contact during Event: _____ Cell Phone: _____

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Approved by: _____ Date: _____ Permit #: _____

(You are required to provide a copy of the most recent inspection, if outside of Western Springs. Failure to do so will prevent you from participation).

Name of local or State agency responsible for inspection: _____

Phone: _____ Date of Most Recent Inspection: _____

List each product individually. Check which items are available for sampling.

IT IS REQUIRED THAT FOOD ITEMS INTENDED FOR SAMPLING BE OFFERED WITH A TOOTHPICK, SINGLE SERVICE CUP OR OTHER TYPES OF SINGLE SERVICE TOOLS. SAMPLES MUST BE COVERED AND KEPT AT REQUIRED TEMPERATURES.

FRUITS	BAKERY	MEATS/EGGS	JUICES - TYPE
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
CHEESE	VEGETABLES	HONEY	OTHER
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Check corresponding method of food holding, display and preparation for each food item above. Seasonal, uncut fruits and vegetables do not apply.

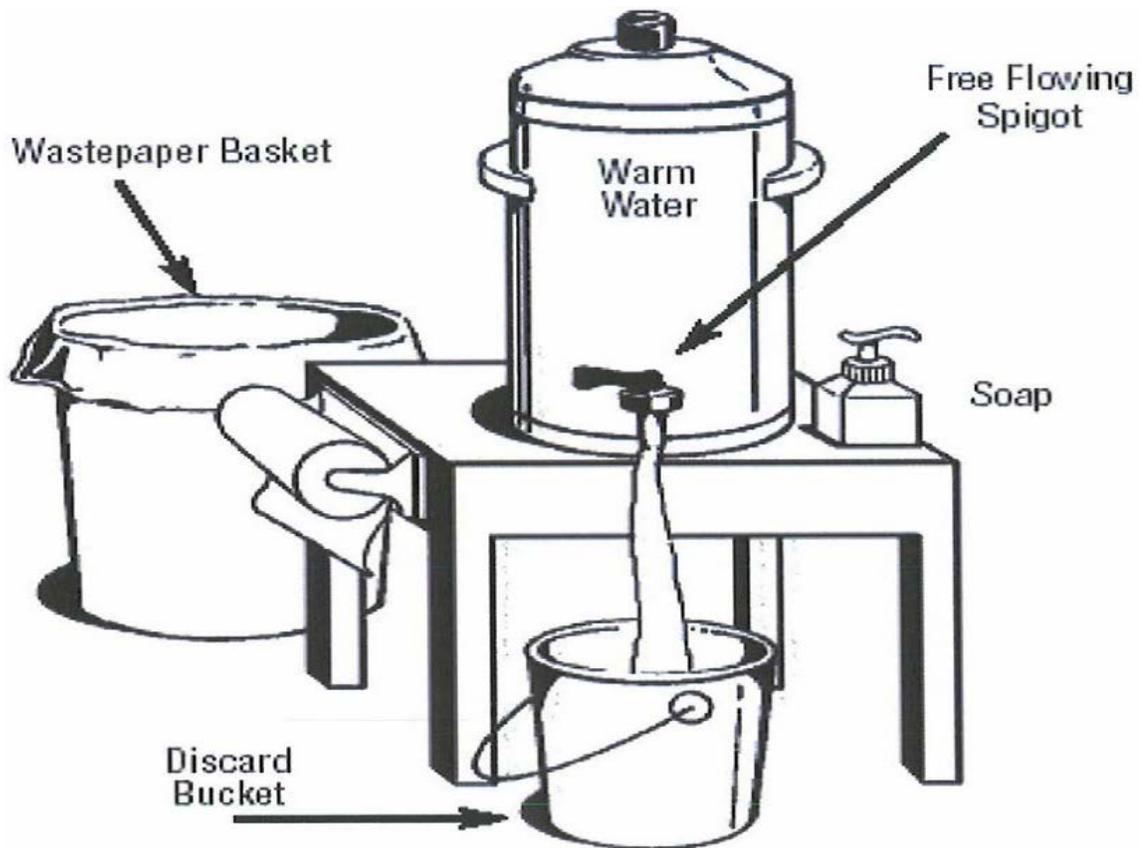
<p>COLD HOLDING</p> <p>(Note: Ice is not acceptable as a cold holding option).</p> <p><input type="checkbox"/> Refrigerator <input type="checkbox"/> Refrigerated Truck</p> <p><input type="checkbox"/> Freezer <input type="checkbox"/> Ice Chest</p> <p><input type="checkbox"/> Drainer Ice <input type="checkbox"/> Other</p>	<p>COOKING</p> <p>(Note: STERNO is not acceptable as a heating source)</p> <p><input type="checkbox"/> Oven <input type="checkbox"/> Barbecue</p> <p><input type="checkbox"/> Wok <input type="checkbox"/> Fryer</p> <p><input type="checkbox"/> Roaster Oven <input type="checkbox"/> Stove</p> <p><input type="checkbox"/> Gas Grill <input type="checkbox"/> Other</p>	<p>HOT HOLDING</p> <p><input type="checkbox"/> Oven <input type="checkbox"/> Barbecue</p> <p><input type="checkbox"/> Steam Table <input type="checkbox"/> Stove</p> <p><input type="checkbox"/> Gas Grill <input type="checkbox"/> Toaster Oven</p> <p><input type="checkbox"/> Chafing Dish <input type="checkbox"/> Other</p>
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Will foods be prepared or cooked (this would include all cooking demonstrations) on site? Yes No

Applicant Signature: _____ Date: _____

SIGNING INDICATES ACCEPTANCE TO COMPLY WITH GUIDELINES STATED ON THE APPLICATION. FAILURE TO COMPLY MAY RESULT IN REMOVAL FROM PARTICIPATION IN VENUE AND/OR ALTERNATE ENFORCEMENT ACTIONS.

SECTION II EVENT: TEMPORARY HAND WASHING SET-UP

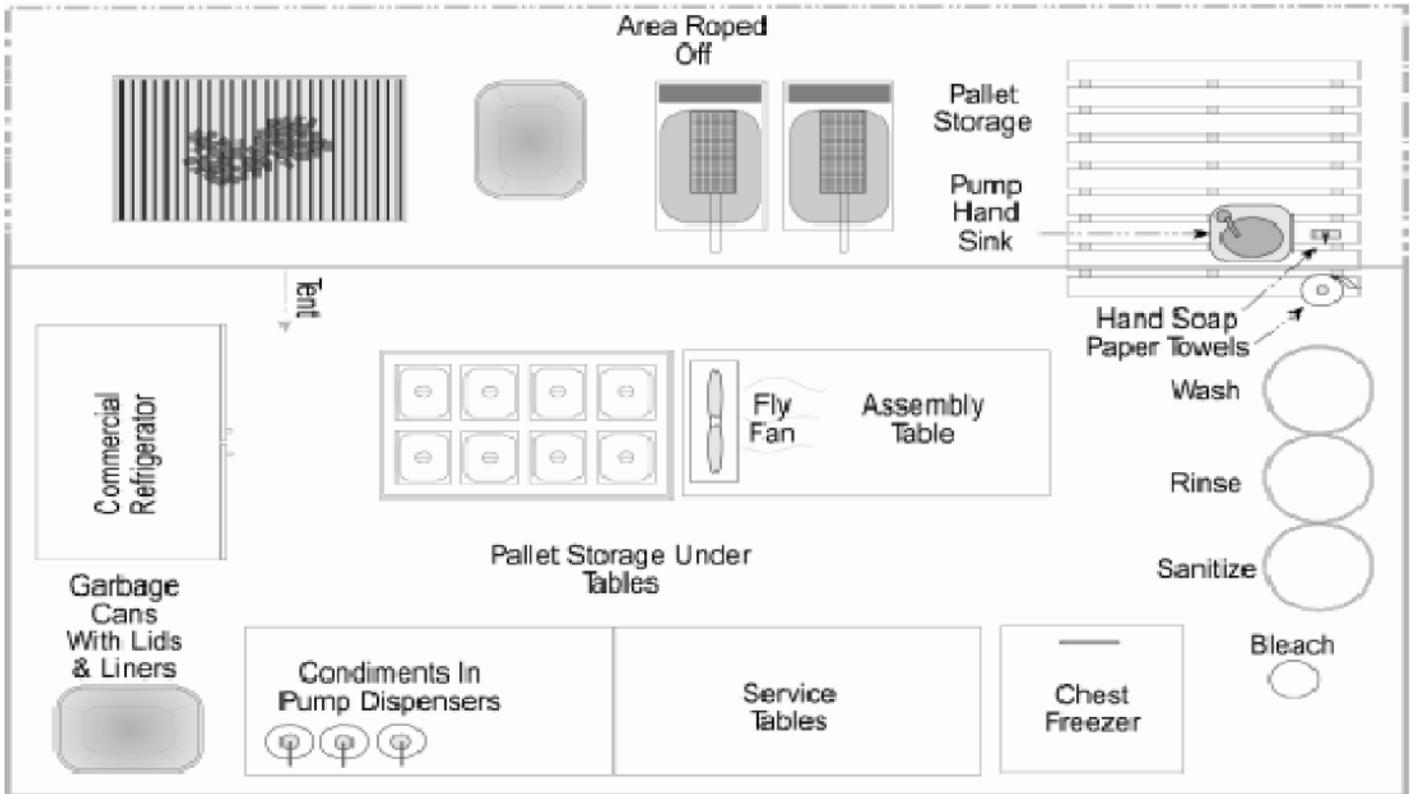


Each temporary hand washing set-up for food service employees must be provided with:

- A container of clean water with a free flowing spigot
- A waste water discard bucket
- Liquid, dispensed hand soap
- Paper towels
- Wastepaper basket

SECTION III EVENT: BOOTH LAYOUT

SAMPLE



PROVIDE DRAWING OF BOOTH LAYOUT BELOW ↓

