



Application for Temporary Food Events

Today's Date: _____ Event Date: _____ Event Time : _____

Name of Business: _____

Business Address: _____

City _____ State _____ Zip Code _____

Event/Business Contact: _____

Business Phone: _____ Email: _____

Place where event will be held: _____

Food Catered or Prepared by: _____

Menu Items (Please list all, including beverages):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Equipment List:

Refrigerators: Y or N How many? _____ Coolers _____

Freezers: Y or N How many? _____

Hot holding units Y or N How many? _____ How many wells? _____

**Sternos (open flame) are not allowed as a heat source at outdoor events

Transportation and holding: (Please explain how you will transport ALL foods)

Hot Foods (135°F or higher):

Cold Foods (41°F or lower):

**** All vendors NOT within the limits of Village of Wheeling must include their most recent routine health inspection report. Questions? Contact Community Department @847-459-2620**

2 Community Blvd., Wheeling, IL 60090 (847) 459-2620 Fax (847) 459-2656