



**MAYOR'S OFFICE OF SPECIAL EVENTS**  
**SPECIAL EVENT PERMIT APPLICATION**

THIS FORM MUST BE SUBMITTED 20 DAYS PRIOR TO THE EVENT

**INSTRUCTIONS:** PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

**SPECIAL EVENT FOOD LICENSE APPLICATION**

**FEE: \$ 125.00 PER VENDOR**

THIS FORM MUST BE SUBMITTED 20 DAYS PRIOR TO THE EVENT

FOR OFFICE USE ONLY  
 SELA #:

ALDERMAN \_\_\_\_\_ WARD \_\_\_\_\_

*Please type or print clearly. Application will be returned if not completed in it's entirety.*

Name of Event \_\_\_\_\_

Address of Event \_\_\_\_\_

Date(s) of Event	Hours of Event
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Name of Sponsoring Event/Coordinator	Phone Number
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Name of Food Vendor	<b>Department of Business Affairs &amp; Consumer Protection Account Number</b>
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Contact Person	Phone Number	<i>If you do not know your account number please phone (312) 74-GOBIZ          If you do not have a City of Chicago Department of Business Affairs &amp; Consumer          Protection account number you will need to complete the Business Information          Sheet on pages 15 &amp; 16 or visit <a href="http://www.cityofchicago.org/businessaffairs">www.cityofchicago.org/businessaffairs</a></i>
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Address	City	Zip Code
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Summer Festival Food Vendor Sanitation Certificate Number	<b>Each event requires a Summer Food Vendor Certified person at each booth at all times food is handled.</b>
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List the name and address of the licensed kitchen or food establishment to be used for the initial food preparation and storage of equipment (where food is to be actually prepared and equipment is sanitized and stored). Food or equipment may not be stored in the home **(Attached signed Affidavit)**

Describe the method of transporting food and the temperature it will be held at the event site (i.e. refrigerated cold storage containers, refrigerated vehicle capable of maintaining temperatures of 40° F or below, hot foods 140° F or above)

Describe the method of storage at the event site (i.e. refrigerated cold storage containers, refrigerated truck capable of maintaining temperatures of 40° F or below) Hot foods must be maintained at a temperature of 140° F or above. List the temperatures food items will be cooked to.

Indicate the location of restroom facilities within proximity to the food vending booth on the attached site plan.

Describe the hand washing facilities at the food vending booth. Portable hand sinks are required. A permit will not be issued without hand washing facilities.

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THIS FORM MUST BE SUBMITTED 20 DAYS PRIOR TO THE EVENT

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## **SPECIAL EVENTS MENU APPROVAL REQUEST**

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Must Be Filled Out (Provide detailed information for each question). Requirements may be imposed to protect the public's health or to prohibit the sale of some or all potentially hazardous foods such as raw foods, sushi or oysters. When no health hazard exists, some requirements may be waived.

**List the proposed foods and ingredients to be served at the event.** You may list up to 4 items on one sheet (use back of sheet if necessary)

Food Item 1

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Food Item 2

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Food Item 3

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Food Item 4

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**List source where items will be purchased** (Name, Address, Phone Number . . . retain all receipts for inspection)

Food Item 1

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Food Item 2

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Food Item 3

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Food Item 4

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**List any equipment that may be used at the event in the preparation of food or beverages** (i.e. mixers, blenders, etc. include drawings & specifications)

Food Item 1

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Food Item 2

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Food Item 3

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Food Item 4

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**Describe the method of cooking at the event:** Raw animal products must be cooked to the following internal temperature for at least 15 seconds: Poultry and stuffed foods - 165° F, Pork; ground, diced or shredded meats and fish; eggs cooked in advanced - 155° F, whole cut meats and fish, eggs 145° F. List the temperatures food items will be cooked to.

Food Item 1

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Food Item 2

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Food Item 3

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Food Item 4

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**All vendors must have a passing inspection dated not more than six months before the event. Non-Chicago establishments must submit their latest sanitation report from their local Health Department jurisdiction dated no more than six months before the event. A copy of the following must be attached to each application: *Site Plan, Summer Festival Food Vendor sanitation certificates(s), signed affidavit, if you received permission to use a licensed kitchen.* A copy of your current health inspection must be attached to each application.**

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Signature of Food Vendor

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Date



**MAYOR'S OFFICE OF SPECIAL EVENTS**  
**SPECIAL EVENT PERMIT APPLICATION**  
 THIS FORM MUST BE SUBMITTED 7 DAYS PRIOR TO THE EVENT

**INSTRUCTIONS:** PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

**ITINERANT MERCHANT LICENSE APPLICATION**

**FEE: \$ 25.00 PER VENDOR**

An Itinerant Merchant License is issued to any organizer of a short-term trade show, exhibition, event etc. taking place in the City of Chicago where there will be vendors selling merchandise or providing services.

FOR OFFICE USE ONLY  
 SELA #:

ALDERMAN \_\_\_\_\_ WARD \_\_\_\_\_

**EVENT INFORMATION**

Name of Event \_\_\_\_\_

Address of Event \_\_\_\_\_

Event Start Date _____	Event End Date _____
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**SPONSORING ORGANIZATION/BUSINESS**

Sponsoring Organization/Business Name _____	<b>Department of Business Affairs &amp; Consumer Protection Account Number</b>  <i>If you do not know your account number please phone (312) 74-GOBIZ          If you do not have a City of Chicago Department of Business Affairs &amp; Consumer Protection account number you will need to complete the Business Information Sheet on pages 15 &amp; 16 or visit <a href="http://www.cityofchicago.org/businessaffairs">www.cityofchicago.org/businessaffairs</a></i>
Address, City, State & Zip Code _____	
Contact Name _____	
Total # of Vendors _____	Phone Number _____

<b>List of Vendors*:</b>			
Name of Vendor	Address	Item to be Sold	Ill. Bus. Tax Number*

\*Only those vendors who are selling (not just displaying ) items needs to be included. You may attach a printout of a list of the vendors if it is more convenient.  
 \*\*If the vendor does not currently have an Illinois Business Tax ( IBT ) Number they should contact the [Illinois Department of Revenue](http://Illinois Department of Revenue) at (217) 785-3707 to apply.

**I hereby swear that all the information I have stated above is true.**

\_\_\_\_\_  
 (Organizer's Signature )

Make Checks Payable to:  
**City of Chicago**  
 121 N. LaSalle, Room 805  
 Chicago, IL 60602  
 (312) 744-6249

**FOR OFFICE USE ONLY:**

Copy sent to Mayor's Office of Special Events:  YES  NO Date: \_\_\_\_\_ Total Fee: \_\_\_\_\_