

2009

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RETAIL FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

All fields marked with an Asterisk (*) are required to be completed.

*NAME OF ESTABLISHMENT _____

*FACILITY ADDRESS _____ *CITY _____ *ZIP _____

*PHONE _____ FAX _____ E-MAIL ADDRESS _____

*MAILING/BILLING ADDRESS _____ *CITY/STATE _____ *ZIP _____

*EMERGENCY #: _____

*OWNER _____	*PHONE _____
*(If firm or partnership, attach a list of all names and addresses of all members thereof. If a corporation, attach a list of names of officers and offices held).	
*ADDRESS _____	*CITY/STATE _____ *ZIP _____

*OPERATING DAYS AND HOURS _____

*STATE OF ILLINOIS FOOD SERVICE SANITATION MANAGERS, Full name(s), addresses, certificate ID number(s), and expiration dates. If necessary attach a list with certified food handlers.

NAME	ADDRESS	CERTIFICATE ID NUMBER	EXPIRATION DATE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

In order to determine risk category, please check all that apply

<p>*Category I</p> <p>_____ Establishment cools potentially hazardous foods that have been prepared or heated as part of the food handling operation</p> <p>_____ Prepare and hold hot or cold food for more than 12 hours before serving.</p> <p>_____ Extensively handle raw ingredients or have bare hand contact with ready to eat food.</p> <p>_____ Reheat potentially hazardous foods, which have been previously cooked and cooled.</p> <p>_____ Prepare food for off premises service which time/temperature requirements during transportation, holding and service is relevant. (THIS DOES NOT INCLUDE PIZZA DELIVERY).</p> <p>_____ Serve immunocompromised individuals, where these individuals comprise the majority of the consuming population.</p>	<p>*Category II</p> <p>_____ Prepare food for service from raw ingredients using minimum assembly.</p> <p>_____ Hot or cold holding is restricted to same day service.</p> <p>_____ Food requiring complex preparation is obtained from approved process establishments.</p>	<p>*Category III</p> <p>_____ Only prepackaged foods are available or service, i.e. _____</p> <p>_____ Potentially hazardous foods are commercially prepackaged in an approved processing establishment.</p> <p>_____ Limited preparation of non-potentially hazardous foods and beverages, such as snack foods and carbonated beverages.</p> <p>_____ Only beverages are served.</p>
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Please include the appropriate fee with this application.
Facilities operating more than 6 months per year.

Category I \$200.00
Category II \$150.00
Category III \$100.00

Facilities operating more than 14 days or less than 6 months per year.

Category I \$100.00
Category II \$75.00
Category III \$50.00

NOTE: Fees for initial application are double the above yearly fee.

By signing this application, I affirm that all information is accurate to the best of my knowledge and belief. Also, that upon presenting appropriate credentials to the owner, operator, agent or most responsible person in charge, a representative of the Tazewell County Health Department may inspect the above-mentioned facility at any reasonable time.

*Applicant's Signature _____ *Date _____

FOR OFFICE USE ONLY

RISK _____ PERMIT NUMBER _____ DATE ISSUED _____ FEE PAID _____