

IROQUOIS COUNTY HEALTH DEPARTMENT
APPLICATION FOR FOOD ESTABLISHMENT PERMIT

1001 East Grant
Watseka, Illinois 60970
(815)432-2483

If the applicant is a partnership or firm, the application shall contain the names and addresses of each of its members. If there is a limited partnership, provide the names and addresses of each general partner. If a corporation exists, provide the names and addresses of the principal officers. The name of the first owner only is recorded in the establishment file, and is listed below. Please list all owners and addresses in the spaces provided. If any information is not accurate, please use the change form on the reverse side to make any corrections. Please sign and date the application, and return as soon a possible.

Owner _____ Address _____

Owner _____ Address _____

Owner _____ Address _____

Owner _____ Address _____

Day (Between 6 AM and 6 PM) Evening (Between 6 PM and 12 PM) Night (Between 12 PM and 6 AM)

Mark all types that apply of every type of food service below that is being applied for. Describe any other unlisted type.

- Deli Bakery Packaged Liquors Meat Cutting Grocery Vegetable Market
Serving of Alcoholic Beverages Catering Child Care Temporary Food Service
Prepackaged Commercial Vending Machine Preparing and Serving Potentially Hazardous Foods
Mobile Grocery or Frozen Food Restaurant Club School Concession Stand
Other type of establishment _____

Preparation or service of food requires at least one State of Illinois Certified Manager who is the supervisor of food preparation. Preparation or service of food requiring more than four hours before service, requiring extensive or complicated steps in food preparation, or the presence of hazardous conditions, requires a certified manager on each shift.

A new establishment shall provide the required certified food service sanitation manager operation supervision from the initial day of the operation, or provide documentation of enrollment, in an approved course to be completed within three months, according to Section 750.540 of the Illinois Department of Public Health Food Service Sanitation Code. When loss of certified personnel occurs because of employee turnover or other loss of certified personnel, the food service establishment must comply within three months from the date of loss of certified personnel.

Each certified manager's state certificate must be posted at the establishment in order to be valid, and is only valid for that establishment. If the certificate was lost a replacement can be requested from the state. A certified manager must be a person who is routinely present during food preparation operations.

This application is valid for the permit type specified and for the business name and owner (s) listed. The applicant's signature verifies that this submitted application is accurate.

APPLICANT'S SIGNATURE _____ DATE: _____

Fill Out This Sheet: To Change Front Sheet Information Or For A New Establishment Or For Personnel Or Other Changes

Establishment Name _____ Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Owner Code _____ Address _____ City _____ State _____ Zip Code _____

Owner Code _____ Address _____ City _____ State _____ Zip Code _____

Owner Code _____ Address _____ City _____ State _____ Zip Code _____

Name of Certified Food Service Manager _____ Identification Number (8 numbers) _____ / /
Date _____ Expiration _____

Address _____ City _____ State _____ Zip Code _____

Name of 1st Shift Certified Manager _____ Identification Number (8 numbers) _____ / /
Date _____ Expiration _____

Address _____ City _____ State _____ Zip Code _____

Name of 2nd Shift Certified Manager _____ Identification Number (8 numbers) _____ / /
Date _____ Expiration _____

Address _____ City _____ State _____ Zip Code _____

Name of 3rd Shift Certified Manager _____ Identification Number (8 numbers) _____ / /
Date _____ Expiration _____

Address _____ City _____ State _____ Zip Code _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

DO NOT WRITE BELOW THIS LINE

Type of permit _____ Permit Number _____ Information correct on front application: _____

All file information correct? _____ Make corrections from back sheet? _____ Make corrections from office sheet? _____

Enter new establishment name? _____ Enter new address? _____ Enter new phone #? _____ Enter new owner(s)? _____

Certified handlers to delete from establishment _____

Certified handlers to add to establishment _____

Food Shifts _____ Menu _____ Risk _____ Frequency (days) _____

Inspector _____

Classification: complete food service-including reheating and extending holding

Immediate food service-food prepared and served within 4 hours

Preparing commercially packaged food without food handling

Establishment status _____ Establishment status date _____ / / _____ Signature _____

Permit issuance date _____ / / _____ Permit expiration date _____ / / _____

Certified Food Handler Information

	Required (yes/no)	Supplied (yes/no)	ID # (or NO PERSON if not supplied)
Establishment certified manager _____	_____	_____	_____
First shift certified manager _____	_____	_____	_____
Second shift certified manager _____	_____	_____	_____