



Iroquois County Public Health Department
1001 East Grant Street, Watseka, IL 60970
(815) 432-2483 Fax (815) 432-2198
info@co.iroquois.il.us

APPLICATION FOR FOOD ESTABLISHMENT PERMIT

The undersigned hereby makes application for a permit to operate a food establishment and/or retail food store in the County of Iroquois. If a partnership or firm exists, please list all owners involved. More space is provided on the reverse side.

NAME OF ESTABLISHMENT: _____

ADDRESS: _____
(Street) (City) (Zip)

PHONE: _____ EMAIL: _____

OWNER: _____ PHONE: _____

ADDRESS: _____
(Street) (City) (Zip)

OWNER: _____ PHONE: _____

ADDRESS: _____
(Street) (City) (Zip)

MANAGER: _____ PHONE: _____

TYPE OF ESTABLISHMENT: _____

WATER SUPPLY: PUBLIC PRIVATE (INDIVIDUAL WELL)

SEWAGE DISPOSAL: PUBLIC PRIVATE (SEPTIC SYSTEM)

HOURS OF OPERATION: _____

Please provide Iroquois County Public Health Department a copy of your menu to determine the Risk Category. Permit fees are based on Establishment Type. The same fee applies to High, Medium, and Low risk establishments.

PERMIT FEES:

FOOD PERMIT \$300 PLAN SUBMITTAL \$350
 FEE WAIVED FIRST TIME FOOD PERMIT \$100 TOTAL PAID _____

A Certified Food Protection Manager (CFPM) must be provided prior to opening or proof of the correct amount of employees signed up for the next available course to be completed in 3 months. If a CFPM is already provided, fill in the information below.

NAME: _____ CERTIFICATE#: _____ EXPIRES ON: _____

NAME: _____ CERTIFICATE #: _____ EXPIRES ON: _____

NAME: _____ CERTIFICATE #: _____ EXPIRES ON: _____

I affirm that the above information is true to the best of my knowledge and belief:

DATE: _____ SIGNATURE: _____

ADDITIONAL OWNERS

OWNER: _____ PHONE: _____

ADDRESS: _____

OWNER: _____ PHONE: _____

ADDRESS: _____

OWNER: _____ PHONE: _____

ADDRESS: _____

ADDITIONAL CERTIFIED FOOD PROTECTION MANAGERS

NAME: _____ CERTIFICATE#: _____ EXPIRES ON: _____

NAME: _____ CERTIFICATE#: _____ EXPIRES ON: _____

NAME: _____ CERTIFICATE#: _____ EXPIRES ON: _____

NAME: _____ CERTIFICATE#: _____ EXPIRES ON: _____

HIGH PRIORITY FOOD ACTIVITIES

- Cooling of potentially hazardous foods
- Preparing and holding (hot or cold) food far in advance (more than 12 hours before serving)
- Extensive handling of raw ingredients and hand contact with read-to-eat foods
- Reheating potentially hazardous foods which have been previously cooked and cooled
- Preparing food for off-site service (where time-temperature requirements during transportation, holding and service are a factor)
- Vacuum packaging and/or other forms of reduced oxygen packaging are performed at the retail level
- Serving of immunocompromised individuals (where these individuals comprise the majority of the consuming population)

MEDIUM PRIORITY ACTIVITIES

- Preparing foods for service from raw ingredients using minimal assembly
- Hot or cold holding is restricted to same day service
- Foods requiring complex preparation are obtained (canned, frozen, fresh prepared) from approved establishments

LOW PRIORITY ACTIVITIES

- Only pre-packaged foods are available or served
- Potentially hazardous foods are commercially pre-packaged in an approved processing establishment
- Have limited preparation of non-potentially hazardous foods and beverages such as snack foods and carbonated beverages

DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY

DO NOT WRITE BELOW THIS LINE

RISK: _____

Establishment status _____ Establishment status date _____ Signature _____

Permit issuance date _____ Permit expiration date _____

	Required (yes/no)	Certified Food Protection Managers Supplied (yes/no)	Notes
Establishment CFPM	_____	_____	_____
First shift CFPM	_____	_____	_____
Second shift CFPM	_____	_____	_____