



**Public Health**  
Prevent. Promote. Protect.

# HENRY COUNTY HEALTH DEPARTMENT

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www.henrystarkhealth.com

## APPLICATION FOR ANNUAL FOOD SERVICE OPERATION

New

Change of ownership

Enclosed fee:  \$300.00 (Category I)  \$200.00 (Category II)  \$100.00 (Category III)

\$100.00 (Local tax supported government agencies – per ordinance)

\$200.00 Seasonal (Category I)  \$135.00 Seasonal (Category II)  \$70.00 Seasonal (Category III)

### ESTABLISHMENT INFORMATION

Name of Business \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### DIRECT BILLING STATEMENT TO

Name of Business Owner \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**\*\*PERMIT WILL BE MAILED TO THE BILLING ADDRESS\*\***

### BUILDING OWNER

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

### TYPE OF OWNER

Individual  Partnership  Corporation/LLC  Unit of Local Govt.

### TYPE OF ESTABLISHMENT

Bakery  Bar  Bed & Breakfast  Catering  College

Convenience Store  Day Care  Deli  Food Pantry  Hospital  Hotel/Motel  Jail

Long Term Care  Mobile Unit  Nursing Home  Preschool  Rental Room  Restaurant

Retail  Retail Grocery  School  Senior Center  Theater  Other \_\_\_\_\_

Seasonal (Operates less than six consecutive months but more than 14 consecutive days in one location)

**BUSINESS HOURS** \_\_\_\_\_ **TO** \_\_\_\_\_ **DAYS/MONTHS OPEN** \_\_\_\_\_

### ILLINOIS DEPARTMENT of PUBLIC HEALTH CERTIFIED MANAGER OR SUPERVISOR

\_\_\_\_\_  
Name I.D.# Certification Date Expiration Date

\_\_\_\_\_  
Name I.D.# Certification Date Expiration Date

\_\_\_\_\_  
Name I.D.# Certification Date Expiration Date

**NOTE: Category I, "High Risk" facilities must have a certified food service sanitation manager present at all times potentially hazardous food is handled. The practices and procedures used in a Category I facility are more frequently implicated in foodborne outbreaks and have a higher relative risk of causing foodborne illness.**

WATER SUPPLY (check one)  Public  Private Date water tested \_\_\_\_\_

SEWAGE DISPOSAL (check one)  Public  Private

SEPTIC PUMPER \_\_\_\_\_ Date last pumped \_\_\_\_\_

GREASE TRAP DISPOSAL BY \_\_\_\_\_ GREASE BARREL DISPOSAL BY \_\_\_\_\_

PEST CONTROL BY \_\_\_\_\_  
(Name) (Complete mailing address) Phone

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**\*\*THIS PERMIT IS NOT TRANSFERRABLE TO ANOTHER PERSON OR LOCATION\*\***

\*\*\*\*\*DO NOT WRITE BELOW – FOR OFFICE USE ONLY\*\*\*\*\*

Establishment Number \_\_\_\_\_ Category \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_

Approved by \_\_\_\_\_ Date Paid \_\_\_\_\_ Date Permit Sent \_\_\_\_\_