



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 (tax supported government entities) \$100.00 (Mobile units)

\$200.00 Seasonal (Category I) \$134.00 Seasonal (Category II) \$67.00 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.

