



Public Health
Prevent. Promote. Protect.

STARK COUNTY HEALTH DEPARTMENT

4424 US Hwy 34, Kewanee, IL 61443

309-852-3115

www.henrystarkhealth.com

APPLICATION FOR ANNUAL FOOD SERVICE OPERATION

New

Change of ownership

Enclosed fee: \$125.00 (Category I) \$100.00 (Category II) \$75.00 (Category III)
 \$50.00 (tax supported government entities) \$60.00 (Mobile units)
 \$83.00 Seasonal (Category I) \$67.00 Seasonal (Category II) \$50.00 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.

