



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)

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 _____ Cell Phone _____ Email _____

****PERMITS WILL BE MAILED TO THE ESTABLISHMENT ADDRESS****

BUILDING OWNER

Name _____ Phone _____

Address _____ City/State _____ Zip _____

TYPE OF OWNER

Individual Partnership Corporation/LLC Unit of Local Govt.

TYPE OF ESTABLISHMENT

Restaurant Retail Store Bar Convenience Store
 Deli Bakery Meat Market Daycare School Preschool
 Hospital Senior Center Food Pantry Nursing Home Bed and Breakfast
 Jail Catering Mobile

BUSINESS HOURS _____ TO _____ DAYS CLOSED _____

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.

