



Public Health
Prevent. Promote. Protect.

HENRY COUNTY HEALTH DEPARTMENT

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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 _____