

114 N. Third St.  
Waseka, IL 60970  
815-432-2483

FORD-IROQUOIS PUBLIC HEALTH DEPARTMENT  
APPLICATION FOR FOOD ESTABLISHMENT PERMIT

235 N. Taft St.  
Paxton, IL. 60957  
217-379-9281

If the applicant is a partnership or firm, the application shall contain the names and addresses of each of its members. If there is a limited partnership, provide the names and addresses of each general partner. If a corporation exists, provide the names and addresses of the principal officers. The name of the first owner only is recorded in the establishment file, and is listed below. Please list all owners and addresses in the spaces provided. If any information is not accurate, please use the change form on the reverse side to make any corrections. Please sign and date the application, and return as soon as possible.

Owner	Address
Owner	Address
Owner	Address
Owner	Address

Day(Between 6AM and 6PM)	Evening(Between 6PM and 12PM)	Night(Between 12PM and 6AM)
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Circle every type of food service below that is being applied for. Describe any other unlisted type.

Deli ( ) Bakery ( ) Packaged Liquors ( ) Meat Cutting ( ) Grocery ( ) Vegetable Market ( )  
 Serving Of Alcoholic Beverages ( ) Catering ( ) Child Care ( ) Temporary Food Service ( )  
 Prepackaged Commercial Foods ( ) Vending Machine ( ) Preparing And Serving Potentially Hazardous Foods ( )  
 Mobile Grocery or Frozen Food ( ) Restaurant ( ) Club ( ) School ( ) Concession Stand ( )  
 Other Type Of Establishment \_\_\_\_\_

Preparation or service of food requires at least one State Of Illinois Certified Manager who is the supervisor of food preparation. Preparation or service of food requiring more than four hours before service, requiring reheating before service, requiring more than one cycle of heating or cooling, requiring extensive handling, requiring extensive or complicated steps in food preparation, or the presence of hazardous conditions, requires a certified manager on each shift.

A new establishment shall provide the required certified food service sanitation manager operational supervision from the initial date of operation, or provide documentation of enrollment in an approved course to be completed within three months, according to Section 750.540 of the Illinois Department of Public Health Food Service Sanitation Code. When loss of certified personnel occur because of employee turnover or other loss of certified personnel, the food service establishment must comply within three months from date of loss of certified personnel.

Each certified manager's state certificate must be posted at the establishment in order to be valid, and is only valid for that establishment. If the certificate was lost a replacement can be requested from the state. A certified manager must be a person who is routinely present during food preparation operations.

This application is valid for the permit type specified, and for the business name and owner(s) listed. The applicant's signature verifies that this submitted application is accurate.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Fill Out This Sheet : To Change Front Sheet Information Or For A New Establishment Or For Personnel Or Other Changes

Establishment Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Owner Code \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Code \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Code \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name Of Certified Food Service Manager \_\_\_\_\_ Identification Number (eight numbers) \_\_\_\_\_ / /  
Date \_\_\_\_\_ Expiration \_\_\_\_\_

Address Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name Of 1st Shift Certified Manager \_\_\_\_\_ Identification Number (eight numbers) \_\_\_\_\_ / /  
Date \_\_\_\_\_ Expiration \_\_\_\_\_

Address Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name Of 2nd Shift Certified Manager \_\_\_\_\_ Identification Number (eight numbers) \_\_\_\_\_ / /  
Date \_\_\_\_\_ Expiration \_\_\_\_\_

Address Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name Of 3rd Shift Certified Manager \_\_\_\_\_ Identification Number (eight numbers) \_\_\_\_\_ / /  
Date \_\_\_\_\_ Expiration \_\_\_\_\_

Address Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

Type of permit \_\_\_\_\_ Permit number \_\_\_\_\_ Information correct on front application? \_\_\_\_\_

All file information correct? \_\_\_\_\_ Make corrections from back sheet? \_\_\_\_\_ Make corrections from office sheet? \_\_\_\_\_

Enter new establishment name? \_\_\_\_\_ Enter new address? \_\_\_\_\_ Enter new phone#? \_\_\_\_\_ Enter new owner(s)? \_\_\_\_\_

Certified handlers to delete from establishment \_\_\_\_\_

Certified handlers to add to establishment \_\_\_\_\_

Food Shifts \_\_\_\_\_ Menu \_\_\_\_\_ Risk \_\_\_\_\_ Frequency(days) \_\_\_\_\_

Inspector \_\_\_\_\_

Classification : complete food service-including reheating and extended holding

immediate food service-food prepared and served within 4 hours

preparing commercially packaged food without food handling

Establishment status \_\_\_\_\_ Establishment status date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signature \_\_\_\_\_

Permit issuance date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Permit expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Certified Food Handler Information  
Required(yes/no) Supplied(yes/no) ID#(or NO PERSON if not supplied)

Establishment certified manager \_\_\_\_\_

First shift certified manager \_\_\_\_\_

Second shift certified manager \_\_\_\_\_