

Clinton County Health Department

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APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

All portions of this application must be completed & fee attached before a food permit is issued.
ESTABLISHMENT INFORMATION:

Name of Establishment: _____ Phone #: _____

Establishment Address: _____

Email: _____ Website: _____

Alternate Mailing/Billing Address: _____

*Water Supply: Public _____ Private _____ *Sewer: Public _____ Private _____

<p><u>Type of Ownership:</u></p> <p>____ Corporation ____ Individual</p> <p>____ Organization ____ Partnership</p> <p>____ Not-For-Profit</p>	<p><u>Name/Address/Phone Number of Owner</u></p> <p>_____</p> <p>_____</p> <p>_____</p>
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<u>Type of Business:</u>	(Mark all that apply)	
____ Catering Kitchen	____ Child Care	____ Tavern
____ Grocery Store	____ Restaurant	____ Mobile Unit
____ Convenience Store	____ School Cafeteria	____ Other (specify)

Days & Hours of Operation: _____
 (Schools, please enclose the next school year calendar of holidays and breaks)

Proposed Opening Date: _____, for persons applying for Initial "new" Permits only.

Person-In-Charge: _____ Phone #: _____

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Person-In-Charge: _____ Phone #: _____

(There must be a PIC who is present during all hours of operation. See description on page 2)

PERMITS:

- Food establishment's permit category is determined by menu risk and is evaluated annually by the Health Department. An establishment's category is listed on the issued permit.
- Annual deadline for permit renewal is May 30th, after which a 50% late fee will incur.
- A pre-operational inspection is required before an Initial "new" Permit is issued.
- Change of food establishment ownership requires application for an Initial "new" Permit.

Permit Categories	Annual "renewal" Permit	<u>Late Fee</u>	Initial "new" Permit
Category I (High Risk).....	____ \$150.00	____ \$75.00	____ \$225.00
Category II (Medium Risk).....	____ \$100.00	____ \$50.00	____ \$175.00
Category III (Low Risk).....	____ \$75.00	____ \$37.50	____ \$150.00
Schools	____ \$50.00	____ \$25.00	____ \$125.00
Non-Profit	____ \$50.00	____ \$25.00	____ \$125.00

TURN FORM OVER TO COMPLETE →→

Certified Food Protection Manager (CFPM) Requirements:

- All Person-In-Charge (PIC) employees that have supervisory or management responsibilities and the authority to direct and control food preparation and service shall be a CFPM who has shown proficiency in required information through passing a test that is part of an accredited program.
- All food establishments (except Category III establishments) are required to have CFPMs.

Allergen Awareness Training:

- Only CFPMs working in a Category I “restaurant” must complete additional allergen awareness training using an accredited allergen awareness training program. Non-restaurants are exempt.
- All Certified Food Handlers and CFPMs of risk Category II or III food establishments are exempt.

CERTIFICATES:

Name	CFPM ID Number	Expiration Date	Allergen ID Number	Expiration Date

Person-In-Charge (PIC) Requirements:

- The food permit holder shall be the PIC or shall designate a PIC and shall ensure that a PIC is present at the food establishment during all hours of operation. **List all PIC(s) on page 1.**
- Upon request the PIC shall demonstrate to the Regulatory Authority knowledge of foodborne disease prevention, employee health requirements, application of the Hazard Analysis and Critical Control Point (HACCP) principles, and the requirements of the Illinois Food Code.
- The PIC monitors employee actions, food storage, and delivery operations; maintains and implements required written procedures and plans; and ensures staff training and knowledge.

List # of Staff and # of Certified Food Handlers at your food establishment: _____ / _____

- “Food employee” or “food handler” means an individual working with unpackaged food, food equipment or utensil, or food-contact surfaces. Does not include unpaid volunteers.
- New employees shall receive training within 30 days after employment, CFPMs are exempt.
- Proof that food handlers have been trained and certified shall be provided during inspections.

MENU: Attach a copy of the menu to this application. **(Required for processing application)**

List where menu items and ingredients are purchased: _____

By signing this application you are stating that you will comply with the CFPM, Allergy Awareness Training, PIC and Food Handler Training requirements and that all of the information provided on this form is true and correct, and that if there are any changes to this information you are responsible for notifying the Clinton County Health Department of the changes in a timely manner.

Application is hereby made for a permit to operate a food establishment within Clinton County, Illinois. By this application it is agreed that the enterprise will comply with the provisions of the Illinois Food Code [77 Ill. Adm. Code 750] and the Clinton County Food Service Sanitation Code. It is further agreed that said food establishment shall be open for inspection to the Clinton County Health Department.

_____ **Signature of Applicant(s)** _____ **Date**

OFFICE USE ONLY

Food Permit Category I ___ II ___ III ___ + (\$75 Initial Permit Fee) **OR** (50% of Category Late Fee)

TOTAL \$ _____ Date Fee Paid _____ Check # _____ By _____

Date Pre-operational Inspection Performed _____ By _____

Date Permit Issued _____ By _____