

Clinton County Health Department

930 A Fairfax St.

Carlyle, IL 62231

Phone: (618) 594-2723 Fax: (618) 594-5474

environmentalhealth@clintonco.illinois.gov

APPLICATION FOR PERMIT TO OPERATE A FOOD SERVICE 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 _____

Type of Ownership:

____ Corporation ____ Individual
 ____ Organization ____ Partnership
 ____ Not-For-Profit

Name/Address/Phone Number of Owner

Type of Business:

(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.

Manager in Charge: _____ Manager's Phone #: _____

PERMITS:

- **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 late fee will incur.
- A pre-operational inspection is required before an Initial Permit is issued.
- Food service operations cannot begin until an Initial Permit is issued.

Permit Categories	Annual "renewal" Permit	<u>50% Late Fee</u>	Initial "new" Permit
Category I (High Risk).....	___ \$150.00	___ \$225.00	___ \$225.00
Category II (Medium Risk).....	___ \$100.00	___ \$150.00	___ \$175.00
Category III (Low Risk).....	___ \$75.00	___ \$112.50	___ \$150.00
Schools.....	___ \$50.00	___ \$75.00	___ \$125.00
Non-Profit:	___ \$50.00	___ \$75.00	___ \$125.00

TURN FORM OVER TO COMPLETE →→

ILLINOIS CERTIFIED FOOD SERVICE SANITATION MANAGERS:

Names	Certificate ID Numbers	Expiration Dates

Food Service Sanitation Manager Certification (FSSMC) Requirements:

Category I (High Risk) facilities shall have a minimum of one FSSMC on the premises at all times while potentially hazardous food is being handled.

Category II (Medium Risk) facilities shall have a minimum of one full-time FSSMC at each establishment.

Category III (Low Risk) facilities are exempt.

- New Food service establishments, except Category III facilities, shall have a certified food service sanitation manager from the initial day of operation or shall provide documentation of enrollment in an approved course to be completed within three months.
- Original certificate of certified managers shall be maintained at the place of business and shall be made available for inspection.

List total number of Certified Food Handlers at your food service establishment: _____

- New employees shall receive training within 30 days after employment.
- Proof that food handlers have been trained shall be provided during inspections.

MENU: Please list menu items below or attach a copy of the menu to this application.

___ **Check, if there have been NO changes to the menu for applicants renewing a permit.**

List where menu items and ingredients are purchased: _____

By signing this application you are stating that you will comply with the FSSMC and Food Handler 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 Service Establishment within Clinton County, Illinois. By this Application it is agreed that the enterprise will comply with the provisions of the Illinois Food Service Sanitation Code [77 Ill. Adm. Code 750] and the Clinton County Food Service Sanitation Code. It is further agreed that said food service establishment shall be open for inspection to the Clinton County Health Department during normal working hours.

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 _____