



# Ford County Public Health Department

235 N. Taft St. \* Paxton, IL 60957 \* (217) 379-9281

## Application for Food Establishment Permit

I (WE) hereby apply for a permit to operate a Food Establishment in the County of Ford:

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Billing Address (if different from above):

Owner/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Hours of Daily Operation: \_\_\_\_\_

Does the establishment do catering or have a delicatessen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the establishment provide retail sale of food (grocery store, convenience mart, drug store, variety store, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No

In the past permit year, has your facility changed menu items or food handling practices? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: (attach copy of menu) \_\_\_\_\_

### Owners of Establishment

Owner	Address	City	State	Zip	Phone#
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Owner	Address	City	State	Zip	Phone#
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If the applicant is a partnership or firm, the applicant shall contain the name and address of each of its members; if limited partnership, the name and address of each general partner thereof; and if a corporation, the application shall contain the names and addresses of its principal officers.

### Certified Food Handler Information

Certified Food Manager (CFM) on duty during all hours of operation? \_\_\_\_ Yes \_\_\_\_ No Number of CFM? \_\_\_\_\_

CFM Name

Certificate No.

Expiration Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

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 extensive or complicated steps in food preparation, or the presence of hazardous conditions, requires a certified manager on each shift. 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.

### **Establishment Classification**

*Please identify your risk level on the following categories. These categories are not meant to imply that any given establishment is less safe than others.*

- ☐ Class 1A High Risk (1 department) \$400
  - ☐ Cooling of potentially hazardous food (PHF).
  - ☐ Preparing and holding food for more than 12 hours before serving.
  - ☐ Extensive handling of raw ingredients and hand contact with ready-to-eat food.
  - ☐ Reheating previously cooked and cooled PHF.
  - ☐ Preparing food for off-site service.
  - ☐ Vacuum packaging.
  - ☐ Serving of immunocompromised individuals (majority).
- ☐ Class 1B High Risk (2 or more department) \$400 + \$200 each additional department  
(Same as class 1A)
- ☐ Class 2 Medium Risk \$300
  - ☐ Preparing food for service from raw ingredients using minimal assembly.
  - ☐ Hot or cold is restricted to same-day service.
  - ☐ Food requiring complex preparation is obtained from approved processing establishment.
- ☐ Class 3 Low Risk \$200
  - ☐ Only prepackaged food is served.
  - ☐ PHF is commercially prepackaged.
  - ☐ Limited preparation of non-PHF and beverages.
  - ☐ Only beverages are served.
- ☐ Schools, Tax-Supported Community Organization, Institution, Religious Organization  
or Service Club (no cost).
- ☐ Seasonal Establishments Operating for Less Than 6 Months Out Of the Year \$125
  - ☐ Ice Cream Stands      ☐ Concession Stands      ☐ Mobile Units
  - ☐ Other: Explain \_\_\_\_\_

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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: \_\_\_\_\_

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### **For Department Use Only**

Permit No. \_\_\_\_\_ Permit Expires: \_\_\_\_\_ Permit Sent: \_\_\_\_\_

Signature: \_\_\_\_\_

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## **Emergency Contact Information**

### **Boil Water Order Extended Power Outages Bioterrorism, etc.**

Should the Ford County Public Health Department need to immediately contact your local facility in the event of an emergency, please provide the following information.

*Please Print*

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Local Contact #1 (24 hrs/day):**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### **Local Contact #2 (24 hrs/day):**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If we should need to send emergency documents to your facility, please choose one format and provide the information for that choice (*please print*).

☐ Email:

Email Address: \_\_\_\_\_

**OR**

☐ Fax

Local Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_ Owner/Manager's Name: \_\_\_\_\_

Owner/Manager's Signature: \_\_\_\_\_