



Hancock County Health Department

Division of Environmental Health

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Public Health
Prevent. Promote. Protect.

2017 APPLICATION FOR FOOD SERVICE PERMIT

The undersigned hereby makes application for a permit to operate a food service establishment and/or retail food store in Hancock County for the 2017 calendar year (Jan. 1 – Dec 31, 2017).

Name of Establishment: _____ Phone #: _____

Address: _____ City: _____ ZIP: _____

Owner: _____ Phone #: _____

Address: _____ City: _____ ZIP: _____

Manager: _____ Phone #: _____

Type of Establishment: (select one):
Convenience Store **Deli** **Tavern** **Grocery/Retail** **Restaurant**
Other _____

Type of water supply: **Public** **Private Well** Sewage Disposal system: **Public** **Private Septic System**

Hours/Days of Operation: **Sunday:** _____ **Monday:** _____ **Tuesday:** _____

Wednesday: _____ **Thursday:** _____ **Friday:** _____ **Saturday:** _____

What type of foods will you be serving? _____

Classification of an Establishment is based on Food-borne Illness Risk Factors and Food Handling Activities

A Risk Assessment is completed by a Hancock County Health Department Food Sanitarian

Class A (High Priority) \$175.00 Prepares, holds, cools, reheats, serves and/or sells potentially hazardous foods, extensively handles raw ingredients, and/or prepares food for off-site service (catering)

A Certified Food Service Sanitation Manager must be on duty at all times that potentially hazardous foods are being handled.

Class B (Medium Priority) \$150.00 Prepares foods for service from raw ingredients using minimal assembly, hot/cold foods held at required temperatures for no more than 12 hours and restricted to same day use.

At least one full-time Certified Food Service Sanitation Manager must be employed.

Class C (Low Priority) \$135.00 Limited food operation. Sells only pre-packaged goods. Limited preparation of non-potentially hazardous foods, and/or serves only alcoholic and/or non-alcoholic beverages.

Certified Food Service Sanitation Manager(s):

Name: _____ License #: _____ Expires: _____

Name: _____ License #: _____ Expires: _____

Name: _____ License #: _____ Expires: _____

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner(s): _____ Date: _____

Office Use Only

Priority Assessment: Class A Class B Class C Assessment by: _____

Permit Issued on: _____ Issued by: _____ Check #: _____

Establishment #: _____ Permit #: _____