



# Hancock County Health Department

Division of Environmental Health  
671 Wabash Avenue ~ Carthage, Illinois 62321  
(217) 357-2171  
Email: administrator@hchd1.org

**Public Health**  
Prevent. Promote. Protect.

## 2017 APPLICATION FOR FOOD SERVICE PERMIT (Non-Profit Use Only)

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: \_\_\_\_\_

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

Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_

TAX EXEMPT # \_\_\_\_\_ (REQUIRED IF NON-PROFIT)

Type of Establishment: (select one):

**Hospital**

**Nursing Home**

**School**

**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)** Prepares, holds, cools, reheats, serves and/or sells potentially hazardous foods, extensively handles raw ingredients, prepares food for off-site service (catering) and/or serves immune-compromised individuals

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

**Class B (Medium Priority)** 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)** 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 #: \_\_\_\_\_