

## **Hancock County Health Department**

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

## 2018 (NON-PROFIT) APPLICATION FOR FOOD SERVICE PERMIT

The undersigned hereby makes application for a permit to operate a food service establishment in Hancock County for the 2018 calendar year (Jan. 1 – Dec 31, 2018).

Name of Establishment:		Phone #:		
Address:		City:	Zip:	_
Email correspondences can be sent to				
Owner:		Phone #:		
Address:		City:	ZIP:	_
Manager:		Phone #:		
TAX EXEMPT #		(RE	QUIRED IF NON-PROF	IT)
Type of Establishment: (select	t one): $\Box$ Hospital [	Nursing Home	School 🗌 Other	
Type of water supply: $\Box$ Pub	olic Se	ewage Disposal system:	☐ Public	
☐ Priv	<i>r</i> ate		Private	
<b>Hours/Days of Operation:</b>	Sunday:	☐ Monday:	☐ Tuesday:	
☐ Wednesday:				
If your establishment is not open ye	ear round, please indicate	the time frame (dates) you	plan on being open.	
What type of foods will you be se	erving/selling?			
Classification of an Estab		Food-borne Illness Risk Fa	ctors and Food Handling Acti	—— vities.
A Risk Assessment is completed b				
Class A (High Priority) Prepares		s and/or sells potentially hazardo od for off-site service (catering)	•	gredients,
A Certified Food Service Sa		duty <u>at all times that potentiall</u> st have a food handlers certifica	/ hazardous foods are being handl ation.	<u>ed</u> .
Class B (Medium Priority) Prepare		gredients using minimal assemb urs and restricted to same day u		mperatures
At least o	one full-time Certified Food	Service Sanitation Manager n st have a food handlers certifica	nust be employed.	
Class C (Low Priority) Limited for		packaged goods. Limited prepara and/or non-alcoholic beverages	ntion of non-potentially hazardous foo	ods, and/or

No Certified Food Service Sanitation Manager required. But all employees must have a food handlers certification.

## Certified Food Service Sanitation Manager(s) (REFER TO THE CLASSIFICATION OF AN ESTABLISHMENT SECTION ON THIS APPLICATION TO DETERMINE YOUR BUSINESS/ORGANIZATION FOOD SERVICE SANITATION MANAGER REQUIREMENTS)

Name:	License #:	Expires:				
Name:	License #:	Expires:				
Name:	License #:	Expires:				
Name:	License #:	Expires:				
Name:	License #:	Expires:				
Name:	License #:	Expires:				
Furthermore, if the establish the establishment's respons Health Division as soon as p	ment has changes in the me ibility to inform the Hancock possible.	enu or remodeling takes p	lace at the facility, it is			
Signature and title:						
Date:						
Section III Compliance Procedu (A) Permit for Operation of establishment within the Health Department. O receive and retain such person or place. A val establishment. All such Not paying the permit fee in a Ordinance it states:  Section III Compliance Procedu (3) Renewal of and pay any reotherwise com	Food Establishment. It shall be the county of Hancock who does not not a person who complies with the parameter. Permits shall not be the permit shall be posted in an arch permits expire on the 31st day of the timely matter results in additional states.	unlawful for any person to ope not possess a valid permit issue he requirements of this code is ransferable from one person of ea accessible to public view in of December of each year. Sional fees. According to the siring to renew a permit shall not held the	ed to that person by the shall be entitled to or place to another or every food  Hancock County Food make proper application as County Board and			
Office Use Only						
Date application and permit fees	paid:	Check #:	Cash:			
Permit Certificate issued on:						