Ford County Public Health Department

1500 W. Ottawa
P.O. Box 9
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 sales 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 a copy of menu)_____

Owners of Establishment

Owner	Address	City	State	Zip	Phone#
Owner	Address	City	State	Zip	Phone#

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

- ☐ Complex preparation including cooking, cooling, and reheating for hot holding involving TCS foods
- ☐ Processes requiring hot and cold holding of TCS foods
- ☐ Conducting specialized processes
- ☐ Serving of immunocompromised individuals (majority).

☐ Class 1B High Risk (2 or more departments) $400 + $200 for each additional department

(Same as class 1A)

☐ Class 2 Medium Risk $300

- ☐ Most products are prepared and served immediately
- ☐ May involve hot and cold holdings of TCS foods after preparation or cooking.

☐ Class 3 Low Risk $200

- ☐ Heating only commercially prepared TCS foods for immediate service with no hot holding or assembly
- ☐ Only TCS foods commercially prepackaged in an approved processing plant are available or served at the facility
- ☐ Only limited preparation of non-TCS foods and beverages, such as snack foods and carbonated beverages, occurs at the facility
- ☐ Only beverages (alcoholic and nonalcoholic) and garnishes that are non-TCS are served at the facility

☐ Tax Supported Organization – Fee Waiver
(Also check the appropriate Class in which your establishment falls under)

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:_____

For Department Use Only

Permit No. _____ Permit Expires: _____ Permit Sent:_____

Signature: _____

Ford County Public Health Department

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: _____