



# Hancock County Health Department

Division of Environmental Health  
P.O. Box 357 73 South Adams Street  
Carthage, Illinois 62321  
(217) 357-2171

## 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.

Name of Establishment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Type of Establishment: (select one)  Restaurant  Grocery/Retail  Tavern  
 Convenience Store  Deli  School  
 Other: \_\_\_\_\_

Does your establishment do catering:  YES  NO

Water Supply  Public  Private Well

Sewage Disposal  Public  Private septic system

Hours of Operation: Open at \_\_\_\_\_ Close at: \_\_\_\_\_

Days of Operation:  7 days/week  Other: \_\_\_\_\_

Does the Establishment employ a Certified Food Service Manager:  YES  NO

Food Service Sanitation Manager(s):

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Expires: \_\_\_\_\_

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Expires: \_\_\_\_\_

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Expires: \_\_\_\_\_

Permit Fees: Fees are based on priority assessment form completed by Health Department

- |                          |                           |         |  |
|--------------------------|---------------------------|---------|--|
| <input type="checkbox"/> | Class A (High Priority)   | \$75.00 | Prepares, sells and/or serves potentially hazardous foods.           |
| <input type="checkbox"/> | Class B (Medium Priority) | \$50.00 | Does not prepare but sells and/or serves potentially hazardous foods |
| <input type="checkbox"/> | Class C (Low Priority)    | \$35.00 | Prepares, sells and/or serves non-potentially hazardous foods        |

If establishment is Class A, a food service manager is on duty whenever food is prepared.

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

Date: \_\_\_\_\_ Signature of Owner(s): \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Owner(s): \_\_\_\_\_

### Office Use Only

Priority Assessment: Class A Class B Class C Assessment By: \_\_\_\_\_

Permit Issued on: \_\_\_\_\_ Issued by: \_\_\_\_\_

Establishment Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Check Number: \_\_\_\_\_