

LOGAN COUNTY HEALTH DEPARTMENT
109 Third Street, P.O Box 508, Lincoln, Illinois 62656-0508
Phone # (217) 735-2317 Fax # (217) 732-6943
FOOD SERVICE ESTABLISHMENT PERMIT
INITIAL APPLICATION

Name of Business _____ Phone # _____ Fax # _____

Address _____
Street City Zip Code

Name and Address of Owner(s):

_____ Home Phone # _____

TYPE OF FOOD SERVICE ESTABLISHMENT

____ Restaurant ____ Tavern ____ School/Daycare/Headstart

____ Retail Baker ____ Grocery Store & Deli ____ Mobile Unit

____ Tavern with food ____ Other _____ Description

Hours of Operation: _____

Responsible
Manager _____ Phone _____

MENU: _____

Please put a check by all that apply:

- Cooling of potentially hazardous foods.
- Preparing and handling (hot or cold) food far in advance (more than 12 hours before serving).
- Extensive handling of raw ingredients and hand contact with ready-to-eat foods.
- Reheating potentially hazardous foods which have been previously cooked and cooled.
- Preparing food for off-site service (where time-temperature requirements during transportation, holding and service are a factor).
- Vacuum packaging and/or other forms of reduced oxygen packaging are performed at the retail level.
- Serving of immunocompromised individuals (where these individuals comprise the majority of the consuming population).
- Preparing foods for service from raw ingredients using minimal assembly.
- Hot or cold holding is restricted to same day service.
- Foods requiring complex preparation are obtained from (canned, frozen, fresh prepared) from approved processing establishments.
- Only pre-packaged foods are available or served.
- Potentially hazardous foods are commercially pre-packaged in an approved processing establishment.
- Have limited preparation of non-potentially hazardous foods and beverages such as snack foods and carbonated beverages.
- Only beverages are served (alcoholic or non-alcoholic).

Application is hereby made for a Food Service Establishment to operate within Logan County, Illinois. By this application it is agreed that the establishment will comply with the provisions of the Illinois Food Service & Retail Sanitation Codes applicable to this type of food handling establishment. It is further agreed that said food service establishment shall be open to inspection by the Logan County Health Department during normal working hours.

Certified Operator(s):

Name _____ ID# _____ Expiration Date ____/____/____

Name _____ ID# _____ Expiration Date ____/____/____

Name _____ ID# _____ Expiration Date ____/____/____

Name _____ ID# _____ Expiration Date ____/____/____

Signature of Owner(s)

Date

Office Use Only

PermitIssuedDate_____ExpirationDate_____

Permit #_____Class/Category_____