**Hancock County Health Department**



Division of Environmental Health

671 Wabash Avenue ~ Carthage, Illinois 62321

(217) 357-2171

Email: jessicacroy@hchd1.org

**2024 (NON-PROFIT) 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 for the 2024 calendar year (January 1 – December 31, 2024).

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

Email correspondences can be sent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

* Private Septic System
* Restaurant
* Grocery/Retail
* Tavern
* Deli

**Type of Establishment: (select one):**

* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mobile Unit
* Convenience Store

* Public
* Private
* Public
* Private

**Type of water supply: Sewage Disposal system:**

* Monday: \_\_\_\_\_\_\_\_\_\_
* Friday: \_\_\_\_\_\_\_\_\_\_\_\_
* Tuesday: \_\_\_\_\_\_\_\_\_\_
* Saturday: \_\_\_\_\_\_\_\_\_\_
* Sunday: \_\_\_\_\_\_\_\_\_\_\_
* Thursday: \_\_\_\_\_\_\_\_\_

**Hours/Days of Operation:**

* Wednesday: \_\_\_\_\_\_\_\_

**If your establishment is not open year round, please indicate the time frame (dates) you plan on being open.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What type of foods will you be serving/selling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 during inspections.

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

*The Person in Charge (PIC) at all shifts shall be a Certified Food Protection Manager.*

*All other employees must have a food handlers certification.*

* **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.

*The Person in Charge (PIC) at all shifts shall be a Certified Food Protection Manager.*

*All other employees must have a food handlers certification.*

* **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.

*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.** Furthermore, if the establishment has changes in the menu or remodeling takes place at the facility, it is the establishment’s responsibility to inform the Hancock County Health Department’s Environmental Health Division as soon as possible.

**Signature and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**According to the Hancock County Food Ordinance**

Section III Compliance Procedures

1. Permit for Operation of Food Establishment. It shall be unlawful for any person to operate a food establishment within the county of Hancock who does not possess a valid permit issued to that person by the Health Department. Only a person who complies with the requirements of this code shall be entitled to receive and retain such a permit. Permits shall not be transferable from one person or place to another person or place. A valid permit shall be posted in an area accessible to public view in every food establishment. All such permits expire on the 31st day of December of each year.

**Not paying the permit fee in a timely matter results in additional fees. According to the Hancock County Food Ordinance it states:**

Section III Compliance Procedures

(3) Renewal of Permits - Any permit holder desiring to renew a permit shall make proper application and pay any renewal fees set by the Board of Health and with approval of the County Board and otherwise comply with this ordinance. ------- After 31 days of operating without a renewal permit, the food establishment shall suspend operation.

**Office Use Only**

**Date application and permit fees paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash: \_\_\_\_\_**

**Permit Certificate issued on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**