



**Woodford County
Health Department**

Public Health
Prevent. Promote. Protect.

1831 S. Main Street
Eureka, Illinois 61530
Phone: 309/467-3064
Fax: 309/467-5104
www.woodfordhealth.org

DEADLINE DATE: JANUARY 1, 2023

OFFICE:

Rec. _____

Amt . _____
Late Fee: _____

APPLICATION FOR OPERATIONAL FOOD PERMIT - 2023

ALL AREAS OF THIS APPLICATION MUST BE FILLED OUT COMPLETELY TO OBTAIN AN OPERATIONAL PERMIT. PERMITS WILL NOT BE ISSUED TO THOSE WHO FAIL TO COMPLY. PLEASE ATTACH ADDITIONAL SHEET(S) TO INCLUDE ADDITIONAL INFORMATION AND MENU

Establishment Name: _____

Establishment Address: _____

Mailing Address: _____
IF DIFFERENT THAN ESTABLISHMENT ADDRESS (INCLUDE P.O. BOX, ETC.)

City: _____ State: _____ Zip Code: _____ Phone: _____

FAX _____ E-MAIL: _____
PLEASE COMPLETE SO IMPORTANT INFORMATION CAN BE SENT QUICKLY

INCLUDE COPY OF ENTIRE MENU OFFERED - INCLUDE SPECIAL OR ANNUAL EVENTS

BE SPECIFIC: If you only operate monthly or on weekends, PLEASE indicate scheduled events such as chicken fries, breakfasts, and other special events – include times.

Check Days of the week OPEN M T W Th F S SUN

Check Days of the week CLOSED M T W Th F S SUN

HOURS (Example: 6:00 AM-6:00 PM - M-F) _____

NUMBER of meals served on a daily basis: _____

Do you cater ANY events (outside your facility)? Yes No

Approximately how many events and maximum number of people you can cater to: _____

Do you prepare, cook, serve, or sell food or drink outside your kitchen facility or off-site? Yes No
(If YES, a temporary food/drink permit must be applied for prior to the event.)

TOTAL number of seats available in facility: _____

If you have a public health emergency, please call 9-1-1. After normal business hours, if you have a public health non-emergency or immediate issue/concern (fire/flood/power outage/boil order), please call 309-467-2375 and ask for the public health administrator on call.

DEADLINE DATE: JANUARY 1, 2023

OWNER: Name, address, home & cell phone numbers, and e-mail addresses, of **ALL** owners (**include** name of company, corporation, partnership, sole proprietor, association, committee, president, vice-president, secretary, treasurer, other officers, shareholders, board members, registered agents, D/B/A, LLC, LLP, INC, LTD, etc.):

Manager's Name: _____
Manager's Address: _____ Phone Number: _____
Manager's e-mail address: _____
PLEASE COMPLETE ALL AREAS SO IMPORTANT INFORMATION CAN BE SENT QUICKLY

Certified Food Protection Managers – Food Employees*	<u>ANSI CERTIFICATION NUMBER</u>	<u>EXPIRATION DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO ALL OTHER FOOD EMPLOYEES HAVE FOOD HANDLER CERTIFICATION? Yes No

Type of water supply: WELL PUBLIC Type of sewage disposal: SEPTIC PUBLIC

Not For Profit _____ Tax EXEMPT Number _____ (NOT FOR PROFIT ONLY)

Fee Enclosed (\$300) (\$200) (\$150) COPY OF **MENU:** ATTACHED AVAILABLE ON WEBSITE
Risk Category I * II * III *If submitting form electronically, attach menu to email.*

Permit Fee is Non-Refundable

PERMIT WILL NOT BE ISSUED IF APPLICATION IS NOT SIGNED AND COMPLETE

By typed name (815 ILCS 333/1 *et al*) or signature below, the applicant affirms that all information provided on this application, or attached hereto, is true and accurate to the best of his/her/their knowledge, and that all principal owner(s) shall comply with all applicable rules, regulations, ordinances, codes, and laws governing or pertaining to the food service establishment. False or inaccurate information is cause for denial of this application and/or suspension of the permit. A representative of the Woodford County Health Department is authorized to enter/inspect any foodservice establishment in Woodford County at reasonable times and collect epidemiological samples and photograph and/or video documentation as deemed necessary. It is your responsibility to routinely check for all food recalls/alerts/notices at <https://www.woodford-county.org/605/Food-Recalls>.

Applicant's Printed Name Applicant's Signature/Typed Name Date

*Signature/typed name of Certified Food Protection Manager *Signature/typed name of Certified Food Protection Manager

*Signature/typed name of Certified Food Protection Manager *Signature/typed name of Certified Food Protection Manager

APPLICATION & FEE FOR OPERATIONAL FOOD PERMIT MUST BE RECEIVED BY THE WOODFORD COUNTY HEALTH DEPARTMENT NO LATER THAN **JANUARY 1, 2023**, OR POSTMARKED NO LATER THAN **JANUARY 1, 2023**, OR **LATE FEES OF \$10.00 PER DAY** MUST BE PAID AT THE TIME THE APPLICATION AND PERMIT FEE IS RECEIVED BY THE WOODFORD COUNTY HEALTH DEPARTMENT. PAGE 2 of 3

TYPE OF ESTABLISHMENT – APPLICATION FOR OPERATIONAL FOOD PERMIT

APPLICANTS MUST INDICATE WHAT TYPE OF ESTABLISHMENT FOR WHICH THEY ARE APPLYING

BAR

"Bar" means an establishment that is devoted to the serving of alcoholic beverages for consumption by guests on the premises and that derives no more than 10% of its gross revenue from the sale of food consumed on the premises. "Bar" includes, but is not limited to, taverns, nightclubs, cocktail lounges, adult entertainment facilities, and cabarets.

ENCLOSED OR PARTIALLY ENCLOSED SPORTS ARENA

"Enclosed or partially enclosed sports arena" means any sports pavilion, stadium, gymnasium, health spa, boxing arena, swimming pool, roller rink, ice rink, bowling alley, or other similar place where members of the general public assemble to engage in physical exercise or participate in athletic competitions or recreational activities or to witness sports, cultural, recreational, or other events.

GAMING FACILITY

"Gaming facility" means an establishment utilized primarily for the purposes of gaming and where gaming equipment or supplies are operated for the purposes of accruing business revenue.

HEALTHCARE FACILITY

"Healthcare facility" means an office or institution providing care or treatment of diseases, whether physical, mental, or emotional, or other medical, physiological, or psychological conditions, including, but not limited to, hospitals, rehabilitation hospitals, weight control clinics, nursing homes, homes for the aging or chronically ill, laboratories, and offices of surgeons, chiropractors, physical therapists, physicians, dentists, and all specialists within these professions. "Healthcare facility" includes all waiting rooms, hallways, private rooms, semiprivate rooms, and wards within healthcare facilities.

PRIVATE CLUB

"Private club" means a not-for-profit association that (1) has been in active and continuous existence for at least 3 years prior to the effective date of this amendatory Act of the 95th General Assembly, whether incorporated or not, (2) is the owner, lessee, or occupant of a building or portion thereof used exclusively for club purposes at all times, (3) is operated solely for a recreational, fraternal, social, patriotic, political, benevolent, or athletic purpose, but not for pecuniary gain, and (4) only sells alcoholic beverages incidental to its operation. For purposes of this definition, "private club" means an organization that is managed by a board of directors, executive committee, or similar body chosen by the members at an annual meeting, has established bylaws, a constitution, or both to govern its activities, and has been granted an exemption from the payment of federal income tax as a club under 26 U.S.C. 501.

RESTAURANT

"Restaurant" means (i) an eating establishment, including, but not limited to, coffee shops, cafeterias, sandwich stands, and private and public school cafeterias, that gives or offers for sale food to the public, guests, or employees, and (ii) a kitchen or catering facility in which food is prepared on the premises for serving elsewhere. "Restaurant" includes a bar area within the restaurant.

DAYCARE

GROCERY STORE

CONVENIENCE STORE

SCHOOL CAFETERIA

OTHER PUBLIC PLACE (PLEASE SPECIFY) _____

Applicant's Printed Name

DEADLINE DATE: JANUARY 1, 2023

Applicant's Signature/Typed Name

Date

Page 3 of 3