



RETAIL FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

Name of Establishment _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Mailing Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

OWNER _____ Address _____

City _____ State _____ Zip _____ PHONE _____

(If firm or partnership, attach a list of all names and addresses of all members thereof. If a corporation attach a list of names of officers and offices held).

OPERATING DAYS & HOURS

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

State Of Illinois Food Service Sanitation Managers, Full name(s), certificate ID number(s), and expiration dates. If necessary, attach a list with certified food handlers.

Table with 3 columns: NAME, CERTIFICATE#, EXPIRATION DATE. Rows 1 and 2 for listing managers.

In order to determine risk category, please check all that apply

Table with 3 columns: Category I, Category II, Category III. Each column lists various food service conditions to be checked.

Please include the appropriate fee with this application.

Fee schedule table with columns: Sq. Ft., Category I, Category II, Category III, Late fee \$35 (not renewing permit before expiration)

By signing this application, I affirm that all information is accurate to the best of my knowledge and belief. Also, that upon presenting appropriate credentials to the owner, operator, agent or most responsible person in charge, a representative of the Warren County Health Department may inspect the above-mentioned facility at any reasonable time.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

Risk _____ Date Issued _____ Fee Paid _____ Permit# _____