



Hancock County Health Department

Division of Environmental Health
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Public Health
Prevent. Promote. Protect.

2015 APPLICATION FOR FOOD SERVICE PERMIT (Non-Profit Use Only)

The undersigned hereby makes application for a permit to operate a food service establishment and/or retail food store in Hancock County for the 2015 calendar year (Jan. 1 – Dec 31, 2015).

Name of Establishment: _____ Phone #: _____

Address: _____ City: _____ ZIP: _____

Owner: _____ Phone #: _____

Address: _____ City: _____ ZIP: _____

Email Address: _____

Manager: _____ Phone #: _____

TAX EXEMPT #: _____

Type of Establishment: (select one):

Hospital

Nursing Home

School

Other _____

Does your establishment do catering? Yes No

Type of water supply: Public Private Well

Sewage Disposal system: Public Private Septic System

Hours/Days of Operation: Sunday: _____ Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____

Does this Establishment employ a Certified Food Service Manager? Yes No

Food Service Sanitation Manager(s):

Name: _____ License #: _____ Expires: _____

Name: _____ License #: _____ Expires: _____

Name: _____ License #: _____ Expires: _____

Establishment Class is based on priority assessment completed by the Health Department.

Class A (High Priority)

Class B (Medium Priority)

Class C (Low Priority)

* If establishment is Class A, a Licensed Food Service Manager must be on duty whenever food is prepared.

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

Signature of Owner(s): _____ Date: _____

Signature of Owner(s): _____ Date: _____

Office Use Only

Priority Assessment: Class A Class B Class C Assessment by: _____

Permit Issued on: _____ Issued by: _____ Check #: _____

Establishment #: _____ Permit #: _____