|  |
| --- |
| OFFICE USE ONLY Amt Rcvd. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_ Check #\_\_\_\_\_\_\_\_ Card Type\_\_\_\_App#\_\_\_\_\_\_\_\_ Date Rcvd.\_\_\_\_ Rcvd By\_\_\_\_ Appvd By\_\_\_\_\_\_Mailed\_\_\_\_  |

KANKAKEE COUNTY HEALTH DEPARTMENT

DIVISION OF ENVIRONMENTAL HEALTH

2390 W. STATION, KANKAKEE, IL 60901

VOICE: (815) 802-9410 FAX: (815) 802-9411

FOOD SERVICE FACILITY LICENSE APPLICATION

I/we hereby apply for a license to operate a food service establishment in Kankakee County for the period beginning January 1 and ending December 31, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name of Establishment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

Licensee/Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corporate Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

Operator/Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are Certified Food Handler(s) on staff? \_\_\_Yes \_\_\_No If so, how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In an emergency, how can we contact you? Work Home Fax Email (Please Circle)

Please check what type of facility you are applying for:

|  |  |
| --- | --- |
|  \_\_\_\_\_  | Restaurant \_\_\_\_\_ Gas Station (Retail) \_\_\_\_\_ Day Care  |
|  \_\_\_\_\_  | Caterer \_\_\_\_\_ Gas Station (Food Service) \_\_\_\_\_ Hospital  |
|  \_\_\_\_\_  | Tavern \_\_\_\_\_ Mobile Unit \_\_\_\_\_ Long Term Care Facility  |
|  \_\_\_\_\_  | School/Milk Only \_\_\_\_\_ School/Satellite Kitchen \_\_\_\_\_ School/Full Kitchen  |
|  \_\_\_\_\_  | Grocery (sq. ft. of building \_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_ Grocery w/deli (Sq. ft. of building \_\_\_\_\_\_\_\_\_\_\_\_\_)  |
|  \_\_\_\_\_  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Business Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days Closed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Fee Schedule: Category I - $400.00 ( ) Category II - $350.00 ( ) Category III - $250.00 ( )

**Seasonal Food Operations** (Concession Stands) ( ) $80.00 per season Not for Profit (Must meet guidelines) ( )

I AGREE TO ABIDE BY THE KANKAKEE COUNTY FOOD SANITATION ORDINANCE AND THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH FOOD SERVICE SANITATION CODE BOOK.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

IF THE FACILITY HAS BEEN CLOSED, IF THE MENU HAS CHANGED, IF THE FACILITY NAME HAS BEEN CHANGED, OR IF THERE HAS BEEN A CHANGE OF OWNERSHIP, PLEASE CONTACT THE OFFICE MMEDIATELY.

PAYMENT INFORMATION

Please return this completed, signed and dated application and stipulated fee in the form of a check ( ), cashier’s check ( ) or money order ( ) made payable to the KANKAKEE COUNTY HEALTH DEPT. Credit card instructions are below. When you provide a check as payment, you authorize us to use information from your check to process a one-time electronic Funds Transfer (EFT) or a draft drawn from your account, or to process the payment as a check transaction. When we use information from your check to make an EFT, funds may be withdrawn from your account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. If your payment is returned unpaid, you authorize the collection of your payment plus a return fee of $25.00 by EFT or drafts drawn from your account.

If you would like to pay be credit card, please fill out the following information:

( ) Please charge my credit card for the amount as indicated above per the Annual Fee Schedule

Card Type (Please Circle): VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER:\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ CVS#: \_\_ \_\_ \_\_ EXP. DATE: \_\_ \_\_/\_\_ \_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_