

Livingston County Public Health Department
310 E. Torrance Ave. ❀ P.O. Box 650 ❀ Pontiac, IL 61764 ❀ 815/844-7174

Application for Food Establishment Permit

I (We) hereby apply for a permit to operate a Food Establishment
in the County of Livingston:
(Please type or print legibly)

Establishment Name: _____

Address: _____ City _____ State _____ Zip _____

Telephone # _____ Fax # _____ E-mail Address _____

Billing Address (if different from above):

Owner/Company Name : _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Fax # _____

Does the establishment do catering or have a delicatessen? _____ Yes _____ No

Does the establishment provide the retail sale of food (grocery store,
convenience mart, drug store, variety store, etc.) ? _____ Yes _____ No

Owner(s) of Establishment:

Owner Address City State Zip Phone #

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If the applicant is a partnership or firm, the application shall contain the name and address of each of its members; if a limited partnership, the name and address of each general partner thereof; and if a corporation, the application shall contain the names and addresses of its principal officers.

Please complete the worksheet on the back of this application and return application with appropriate fee to:

Livingston County Health Department
P.O. Box 650, 310 E. Torrance Ave., Pontiac, IL 61764
815/844-7174, Extension 216

For Department Use Only

Permit No. F- _____ Permit Expires _____ Permit Sent _____

FOOD ESTABLISHMENT CATEGORY ASSESSMENT

The following guidelines divide retail food establishments into three categories.
These categories are not meant to imply that any given establishment is less safe than others.

CATEGORY 1

Three inspections required per year with the option to substitute one training exercise for an inspection.)

- Cooling of potentially hazardous food (PHF)
- Preparing and holding food for more than 12 hours before serving.
- Extensive handling of raw ingredients and hand contact with ready-to-eat food.
- Reheating PHF which has been previously cooked and cooled.
- Preparing food for off-site service.
- Vacuum packaging.
- Serving of immunocompromised individuals (majority).

CATEGORY 2

(One inspection per year required)

- Preparing food for service from raw ingredients using minimal assembly.
- Hot or cold holding is restricted to same-day service.
- Food requiring complex preparation is obtained from approved processing establishment.

CATEGORY 3

(One inspection per year required)

- Only prepackaged food is served.
- PHF is commercially prepackaged.
- Limited preparation of non-potentially hazardous food and beverages.
- Only beverages are served.

Food Establishment Category: 1 2 3 Seating Capacity: _____

Hours of Daily Operation: _____

Certified Food Manager (CFM) on duty during all hours of operation? Yes No Number of CFM? _____

<u>CFM Name</u>	<u>Certificate No.</u>	<u>Expiration Date</u>

Seasonal Operation: Yes No Private Water Supply: Yes No

PERMIT FEE WORKSHEET

CATEGORY 1	CATEGORY 2	CATEGORY 3
Seating Capacity: Fee:	Seating Capacity: Fee:	Seating Capacity: Fee:
>100 \$235 _____	>100 \$210 _____	>100 \$210 _____
75-99 \$210 _____	75-99 \$185 _____	75-99 \$185 _____
50-74 \$180 _____	50-74 \$155 _____	50-74 \$155 _____
25-49 \$155 _____	25-49 \$130 _____	25-49 \$130 _____
<25 \$130 _____	<25 \$105 _____	<25 \$105 _____
Retail sale of Food + \$115 _____	Retail sale of Food + \$115 _____	Retail sale of Food + \$115 _____
Deli/Off-Site Catering + \$115 _____	Deli + \$115 _____	
Total Permit Fee \$ _____	Total Permit Fee \$ _____	Total Permit Fee \$ _____