

**Sangamon County Department of Public Health
2833 South Grand Ave. East, Springfield, IL 62703**

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APPLICATION TO OPERATE AN ANNUAL FOOD SERVICE ESTABLISHMENT

Important please read!

This application must be filled out completely, legibly and fees attached before your license will be processed. Incomplete applications will be returned to applicant.

For Office Use Only:

Establishment # _____

____ New- start date ____/____/____

____ Renewal-date ____/____/____

*New Construction/Remodeling may require a plan review and/or permits may be required from that jurisdiction (city, town, county).

*Must be in compliance with the Illinois Plumbing Code (77 ILCS 890).

Establishment Information:

Name of Establishment: _____

Address: _____ City: _____ State: _____ Zip: _____

Establishment Phone : _____ Fax Number: _____ Email: _____

For Food Safety Info & Updates

Water Supply: (✓one) Public _____ Private Well _____ Sewer: (✓one) Public _____ Private Septic _____

Manager/Person in Charge Name: _____

Day Phone: _____ Night phone: _____

Days & Hours of Operation: (Schools, please enclose calendar of holidays and breaks.) *OT=Operating Times

Mon. _____ OT Tues. _____ OT Wed. _____ OT Thurs. _____ OT

Fri. _____ OT Sat. _____ OT Sun. _____ OT

***Please attach a copy of the menu**

License Permitting Fees:

Annual permit fees may be paid half at the annual period and half at the six-month period.

_____ Class 1A High Risk	\$906.00	_____ New Plan Review Fee	\$300
_____ Class 2A Medium Risk	\$731.00	_____ Remodeling Plan Review Fee	\$263
_____ Class 3A Low Risk	\$418.00	_____ New Facility and/or Owner	\$864
_____ Class NFP	\$0		

(Mark one X) _____ High _____ Medium _____ Low *Tax Exempt # _____

Re-inspection Fees:

First Re-inspection Fee	\$125.00
Second Re-inspection Fee	\$150.00
Third Thru Fifth Re-inspection Fee	\$200.00
Sixth or more Re-inspection Fee	\$300.00

*All existing re-inspection fees, late fees, or any other outstanding charges to the account must be paid in full prior to the issuance of your facility license.

IL Certified Food Service Manager Names	Identification Numbers	Expiration Dates

2-102.12 Certified Food Protection Manager

(A) The PERSON IN CHARGE shall be a certified FOOD protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM.

(B) This section does not apply to certain types of FOOD ESTABLISHMENTS deemed by the REGULATORY AUTHORITY to pose minimal risk of causing, or contributing to, foodborne illness based on the nature of the operation and extent of FOOD preparation. (Low Risk)

Is this facility a "Restaurant", as defined by at least 51% of total sales, excluding liquor, are from ready-to-eat foods prepared for immediate consumption ? Yes _____ No _____

Owner Information:

Owner(s) Name: _____

I, a Sangamon County food establishment owner/operator, acknowledge and agree that I have read and understand the following:

- 1. I understand and agree that to qualify for the six month license, all existing re-inspection fees, late fees, or any other outstanding charges to the account must be paid in full prior to the issuance of a 6-month license.**
- 2. I understand and acknowledge that the date my license expires is clearly stated on my Food Service Establishment License.**
- 3. I understand and agree that if my licensed is not paid on time, I will be subject to the same late fees as a food service establishment that is paying on an annual basis.**

The late fee schedule is as follows: Permit holders who are late paying their annual fee(s) shall be subject to a \$100 late fee. Unpaid food establishment permit or license with fees and/or late fees 30 days past applicable payment due dates may be subject to suspension by the Board of Health. This also applies to Non For Profits.

Signature

Date