

## Bureau County Health Department

526 Bureau Valley Parkway  
Princeton, IL. 61356

office :( 815)872-5091  
fax: (815)872-5092

### Application for Food Service Establishment License

<b>Establishment Name:</b>		<b>Phone #:</b>	(   )   -
<b>Address:</b>		<b>FAX #:</b>	(   )   -
<b>City:</b>		<b>Zip Code:</b>	
<b>Owner's Name:</b>		<b>Phone #:</b>	(   )   -
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	
		<b>Zip Code:</b>	
<b>Manager's Name(s):</b>			

CHECK HERE IF MAILING ADDRESS DIFFERENT FROM ESTABLISHMENT ADDRESS ABOVE.    (Provide address on reverse side)

### Certified Food Service Sanitation Manager Certificates:

Name\_\_\_\_\_ ID#\_\_\_\_\_ Exp. Date\_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name\_\_\_\_\_ ID#\_\_\_\_\_ Exp. Date\_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

If more room is needed, provide additional certified food handlers on reverse side of application.

\*Does the Category I facility have a Certified Handler every shift potentially hazardous foods are handled? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

\*Does the Category II facility have one full time Certified Handler? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

#### Type of Establishment:

- Restaurant     Retail Grocery     Bakery     School     Day Care Center     Mobile Unit/ Push Cart  
 Tavern     Delicatessen     Meat Market     Hospital     Nursing Home     Other \_\_\_\_\_

#### Hours of Operation:

Monday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Tuesday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Wednesday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Thursday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Friday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Saturday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Sunday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm

#### Hours of Preparation:

Monday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Tuesday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Wednesday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Thursday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Friday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm

**Months operation is closed in a year (vacations, etc...):** \_\_\_\_\_

#### License Fee:

Licenses for full time establishments expire on December 31<sup>st</sup> of every year. Fees are based on the potential risk for food-borne illness stated below:

Category I Facilities	\$300.00
Category II Facilities	\$200.00
Category III Facilities	\$100.00

New establishments licensed February - December will pay prorated fees.

\*Risk classifications for establishments are based on the criteria given on the reverse side of application.

\*Late fees will be assessed on late renewal applications as follows: 30 days past due = \$50.00, 60 days past due = \$100.00, 90 days past due = \$150.00 + license revocation and referral to the State's Attorney.

\*Exempt from fee: Public and private schools, food pantries, and senior citizen centers.

I affirm that the above information is true to the best of my knowledge.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

For office use only

Amount paid:	License Approved:	License Withheld:
License Expires:	Reasons:	
Risk Category:	Signature:	Date:

License #: 011 - \_ \_ \_ \_

## Classification of Establishments

For every establishment operating in Bureau & Putnam Counties, the Health Department shall assess the relative risks of causing foodborne illness. This classification shall result in the facility being placed into a risk category as it relates to food safety. These "risk" categories are not meant to imply that any given establishment is less safe than others. The following criteria will be utilized within Bureau & Putnam Counties.

### Category I Food Establishment:

1. Cooling of potentially hazardous food occurs as part of the food handling operations at the facility.
2. Potentially hazardous foods are prepared hot or cold and held hot or cold for more than 12 hours before serving.
3. Potentially hazardous foods which have been previously cooked and cooled are reheated.
4. Potentially hazardous foods are prepared for off-premises service and time-temperature requirements during transportation, holding and service are relevant.
5. Complex preparation of food, or extensive handling of raw ingredients with bare hand contact for ready-to-eat foods, occurs as part of the food handling operations at the facility.
6. Food packaging and/or other forms of reduced oxygen packaging are performed at the retail level.
7. Immunocompromised individuals are served, where these individuals comprise the majority of the consuming population.

### Category II Food Establishment:

1. Hot and cold foods are not maintained at that temperature for more than 12 hours and are restricted to the same day service.
2. Preparing foods for service from raw ingredients uses only minimal assembly.
3. Foods that require complex preparation (whether canned, frozen, or fresh prepared) are obtained from approved food processing plants, (category I) food service establishment or retail food stores.

### Category III Food Establishment:

1. Only pre-packaged foods are available or served in the facility, and any potentially hazardous foods available are commercially pre-packaged in an approved food processing plant.
2. Only limited preparation of non-potentially hazardous foods and beverages, such as snack foods and carbonated beverages, occurs at the facility.
3. Only beverages (alcoholic or non-alcoholic) are served at the facility.

The Health Department may reclassify a facility based upon its experience with the facility (e.g., inspection history, number and frequency of violations, etc.), if in the opinion of the Health Officer; a health hazard will not result from such reclassification.

Mailing Address					
Name:					
Address:					
City:		State:		Zip Code:	

**Certified Food Service Sanitation Personal (continued):**

Name\_\_\_\_\_ ID#\_\_\_\_\_ Exp. Date\_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name\_\_\_\_\_ ID#\_\_\_\_\_ Exp. Date\_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name\_\_\_\_\_ ID#\_\_\_\_\_ Exp. Date\_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name\_\_\_\_\_ ID#\_\_\_\_\_ Exp. Date\_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

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<b>Establishment Name:</b>		<b>Phone #:</b> ( ) -
		<b>FAX #:</b> ( ) -
<b>Address:</b>		<b>City:</b>
(street, road or highway, if not included)		<b>Zip Code:</b>
<b>Owner's Name:</b>		<b>Phone #:</b> ( ) -
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Manager's Name(s):</b>		

Check here if mailing address different from establishment address above.  (Provide address on reverse side)

**Certified Food Service Sanitation Personnel:**

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_  
 Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

If more room needed, provide on reverse side.

\*Does the Category I facility have a Certified Handler every shift potentially hazardous foods are handled? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

\*Does the Category II facility have one full time Certified Handler? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Type of Establishment:**

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 Friday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm

**Months Operation is closed in a year:** \_\_\_\_\_

**License Fee:**

Licenses for full time establishments are valid one year from the date of issuance of license and application for renewal due thirty (30) days prior to expiration of current license. Fees are based on the potential risk for food-borne illness stated below:

- |                                      |          |
|--------------------------------------|----------|
| Category I (High Risk) Facilities    | \$150.00 |
| Category II (Medium Risk) Facilities | \$100.00 |
| Category III (Low Risk) Facilities   | \$50.00  |

\*Risk classifications for establishments are based on the criteria given on the reverse side of application.

\*A late fee will be charged for all applications submitted after July 31, but before August 31: \$50.00  
 After August 31, but before September 30: \$100.00

\*Exempt from fee: Public and private schools, food pantries and senior citizen centers.

**Affirm that the above information is true to the best of my knowledge.**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

For office use only

Amount paid:	License Approved:	License Withheld:
License Expires:	Reasons:	
Risk Category:	Signature:	Date:

**License #:** \_ \_ - \_ \_ \_ \_

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<b>Name:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	

**Certified Food Service Sanitation Personal (continued):**

Name\_\_\_\_\_ ID#\_\_\_\_\_ Exp. Date\_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name\_\_\_\_\_ ID#\_\_\_\_\_ Exp. Date\_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name\_\_\_\_\_ ID#\_\_\_\_\_ Exp. Date\_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name\_\_\_\_\_ ID#\_\_\_\_\_ Exp. Date\_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_