

DOUGLAS COUNTY HEALTH DEPARTMENT

1250 E. US Hwy. 36

Tuscola, IL 61953

217-253-4137

217-253-3421 – fax

Please complete the entire form and return with the required permit fee. All Blanks must be completed before your permit will be issued.

Business Name: _____

Business Address: _____

Manager: _____ Phone Nbr: _____

Fax Nbr: _____ Email Address: _____

Individually Owned Firm or Corporation Partnership

If a firm or a corporation, please attach the name (s) and title (s) of representative.

If a Partnership, list or attach a copy of the names and addresses of all partners.

Type of Establishment: (Check all that apply)

Restaurant Delicatessen Tavern w/Kitchen

Tavern Catering Retail Food (Groceries)

Bakery Other: _____

List employees who have received food safety training & what type in the last year:

Please list any changes in your operation within the last year?

Structure: _____

Menu: _____

Establishment Hours:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Do you ever close for an extended period of time? Yes No

If yes, what dates: From _____ until _____

Certified Personnel:

All food service establishments, including delicatessens, are required to be under the operational supervision of a certified food service sanitation manager.

Category I establishments shall provide a certified food service sanitation manager at all times food is handled (prepared, packaged or served).

Category II establishments shall provide a full-time certified food service sanitation manager (full-time is considered 30 hours or hours of operation which ever is the least).

Category III establishments are exempt from this requirement.

Provide the names of all certified personnel and their certificate numbers with expiration date below. Attach sheet if necessary.

Employee Name	Certificate Nbr.	Expiration Date

Category I - \$100.00 Category II - \$75.00 Category III - \$50.00

Not for Profit - No Fee Late Fee - \$25.00

Applicant Signature: _____

Date of Application: _____

Please make sure all of the blanks are completed and that the appropriate fee is included. Processing of your establishment permit is dependent upon information you provide. Failure to complete this form may result in the permit for your establishment becoming delinquent.

ANY CHANGES TO HOURS, MENU OR STRUCTURE MUST BE REPORTED TO OUR OFFICE IMMEDIATELY.