



HENDERSON COUNTY HEALTH DEPARTMENT

208 West Elm Street P.O. Box 220 Gladstone, IL 61437
Phone :(309) 627-2812 Fax :(309)627-2305

Name of Establishment: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____ Cell: _____
 Mailing/Billing Address: _____
 Owner(s): _____
 Address: _____ City: _____ State: _____ Zip: _____
(If firm or partnership attach list of names & addresses of all members. If corporation, attach list of names of offices held).

Operating Hours & Days: Monday _____ Tuesday _____ Wednesday _____ Thursday _____
 Friday _____ Saturday _____ Sunday _____

State of Illinois Certified Food Protection Manager	Name	Certifications #	Expiration date
1.	_____	_____	_____
2.	_____	_____	_____

RISK I (\$250 Yearly)	RISK II (\$175 yearly)	RISK III (\$115 yearly)
___ Establishment cools potentially hazardous foods that have been prepared or heated. ___ Prepare and hold hot or cold food for more than 12 hours before serving. ___ Extensively handle raw ingredients or have bare hand contact with ready to eat food. ___ Reheat potentially hazardous foods, which has been previously cooked and cooled. ___ Prepare food for off premises service which time/temperature requirements during transportation holding in service is relevant (Does not include pizza delivery). ___ Serve immunocompromised individuals, where these individuals comprise the majority of the consuming population.	___ Prepare food for service from raw ingredients using minimum assembly ___ Hot or cold holding is restricted to same day service. ___ Food requiring complex prep is obtained from approved processor.	___ Only prepackaged foods are available for service, i.e. _____ ___ Potentially hazardous foods are commercially prepackaged in an approved processing establishment. ___ Limited preparation of non-hazardous food and beverages, such as snack foods/ carbonated beverages. ___ Only beverages are served. ___ Only ice for beverages.

- Late Fee \$100.00 for up to 5 business days.
\$30.00 each additional business day.
- Penalty Fee \$300.00(Opening/operating without permit)
\$100.00 per day after initial day of operating without permit.
\$50.00 per follow up on critical violation.
\$75.00 after 30 business days after initial violation.
\$30.00 a day for non-compliance of State regulations.
- Re-inspection
- Operating without FSSMC

By signing this application, I affirm that all information is accurate to the best of my knowledge and belief. Also that upon presenting appropriate credentials to the owner, operator, agent or most responsible person in charge, a representative of the Henderson County Health Department may inspect the above mentioned facility at any reasonable time.

Applicant Signature _____ Date _____

For office use only:
 RISK _____ Permit Number _____ Date issued ___ / ___ / ___ Fee Paid _____