

**MERCER COUNTY HEALTH DEPARTMENT**  
**305 NW 7<sup>TH</sup> STREET ALEDO, IL 61231**  
**PHONE 309-582-3761 FAX 309-582-3793**

**RETAIL FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION 2023**

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Emergency Contact/Phone \_\_\_\_\_

Mailing/ Billing Address \_\_\_\_\_

Owner _____	Phone _____
<small>(If firm or partnership, attach a list of all names and addresses of all members thereof. If a corporation attach a list of names of offices held).</small>	
Address _____	
City _____	State _____ Zip _____

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

State of Illinois Food Service Sanitation Managers, Full name(s), certificate ID number(s), and expiration dates. If necessary attach a list with certified food handlers.

NAME	CERTIFICATE #	EXPIRATION DATE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**In order to determine risk category, please check all that apply**

<p><b>Category I</b></p> <p>_____ Establishment cools potentially Hazardous foods that have been prepared or heated As part of the food handling operation</p> <p>_____ Prepare and hold hot or cold food for more than 12 hours before serving.</p> <p>_____ Extensively handle raw ingredients or have bare hand contact with ready to eat food.</p> <p>_____ Reheat potentially hazardous foods, which have been previously cooked and cooled.</p> <p>_____ Prepare food for off premises service which time/temperature requirements during transportation, holding and service in relevant.</p> <p><small>(THIS DOES NOT INCLUDE PIZZA DELIVERY)</small></p> <p>_____ Serve immunocompromised individuals, where these individuals comprise the majority of the consuming population.</p> <p><b>\$300</b></p>	<p><b>Category II</b></p> <p>_____ Prepare food for service from raw ingredients using minimum assembly.</p> <p>_____ Hot or cold holding is restricted to same day service.</p> <p>_____ Food requiring complex, preparation is obtained from approval process establishments.</p> <p><b>\$150</b></p> <p>Mobile License: \$200</p>	<p><b>Category III</b></p> <p>_____ Only prepackaged foods are available or service, i.e. _____</p> <p>_____ Potentially hazardous foods are commercially prepackaged in an approved processing establishment.</p> <p>_____ Limited preparation of non-potentially hazardous food and beverages, such as snack foods and carbonated beverages.</p> <p>_____ Only beverages are served.</p> <p>_____ Only ice for beverages</p> <p><b>\$100</b></p>
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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 Mercer County Health Department may inspect the above-mentioned facility at my reasonable time.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Risk \_\_\_\_\_ Permit Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Fee Paid \_\_\_\_\_