



**Public Health**  
Prevent. Promote. Protect.

**Woodford County  
Health Department**

1831 S. Main Street  
Eureka, Illinois 61530  
Phone: 309/467-3064  
Fax: 309/467-5104  
[www.woodfordhealth.org](http://www.woodfordhealth.org)

November 7, 2019

## COVER SHEET

### 2020 FOOD PERMIT APPLICATION FORM

- COVER LETTER – PLEASE READ ENTIRE CONTENTS AND UPDATES
- 2020 FOOD PERMIT APPLICATION FORM – PLEASE COMPLETE ALL LINE ITEMS ON ALL THREE (3) PAGES
- COMPLETE APPLICATION FORM AND RETURN 2020 FOOD PERMIT APPLICATION FORM AND PERMIT FEE TO WCHD BY JANUARY 1, 2020
- INCLUDE COPY OF CURRENT MENU WITH FOOD PERMIT APPLICATION FORM
- LIST ALL CFPM OR IL FSSMC (FOOD MANAGERS) NAMES, CERTIFICATION NUMBERS, AND EXPIRATION DATES WITH SIGNATURES THAT WORK AT YOUR FOOD ESTABLISHMENT
- LATE FEE - \$10.00 PER DAY FOR EVERY DATE LATE AFTER JANUARY 1, 2020, OR POSTMARKED AFTER JANUARY 1, 2020
- OFFICE CLOSED ON WEDNESDAY, JANUARY 1, 2020
- OFFICE OPEN DURING REGULAR BUSINESS HOURS UNTIL TUESDAY, DECEMBER 31, 2019, AT 4:00 PM
- OUR OFFICE DOES **NOT** HAVE A MAIL RECEPTACLE FOR FOOD PERMIT APPLICATIONS TO BE DROPPED OFF. PERMIT APPLICATIONS WILL **NOT** BE ACCEPTED IF PLACED ON OUR DOOR AND/OR LEFT WITH ANOTHER AGENCY
- IF YOUR FOOD ESTABLISHMENT HAS ANY OUTSTANDING FEES THAT HAVE NOT BEEN PAID, YOUR FOOD ESTABLISHMENT WILL **NOT** RECEIVE YOUR NEW FOOD PERMIT UNTIL THE OUTSTANDING FEES HAVE BEEN PAID TO WCHD

DEADLINE DATE: JANUARY 1, 2020

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November 7, 2019

Dear Licensed Food Establishment Owner/Operator/Manager:

Enclosed you will find the 2020 Woodford County Health Department Operational Food Permit application form (**3 PAGES**) for your food establishment. Your current annual food permit is **due to expire on JANUARY 1, 2020.**

The permit fees are based on the Illinois Department of Public Health risk category that applies to your food establishment as determined by the Woodford County Health Department. The annual food permit fees set by the Woodford County Board of Health on March 28, 2016, are as follows:

Category I	\$300.00
Category II	\$200.00
Category III	\$150.00

Please complete the enclosed food permit application (**3 PAGES**) and return the application, along with your renewal food permit fee, and a copy of your food establishment's current menu, to our office. Completed food permit applications and fees **MUST** be received by the Woodford County Health Department at 1831 S. Main Street, Eureka, IL 61530-1707, **by no later than JANUARY 1, 2020, or postmarked no later than JANUARY 1, 2020, or a late fee of \$10.00 per day** for every day late must be paid at the time the permit fee is received by our office.

The Woodford County Board of Health on January 23, 2017, set late fees for food permit applications received after January 1, 2020, or postmarked later than January 1, 2020. The late fee policy is as follows – Late fees: Permit application and fee for operational food permit must be received by the Woodford County Health Department by no later than January 1, or postmarked by no later than January 1, of the calendar year. A late fee of **\$10.00 per day** shall be charged for every day late. The late fee must be paid at the time of the permit fee. Seasonal establishments not in operation on date the permit application is due are not late. There will be no late fee charges made for such permits to any school, religious, voluntary or non-profit making community organizations and institutions.

If your food establishment has any outstanding fees that have not been paid, your food establishment will **NOT** receive your new food permit until the outstanding fees have been paid to the WCHD.

Please note our office will be **CLOSED** on **Wednesday, January 1, 2020**. Our office does **NOT** have a mail receptacle for food permit applications to be dropped off. Permit applications will **NOT** be accepted if placed on our door and/or left with another agency. You can mail the 2020 food permit application via USPS or other postal carrier to ensure it is postmarked before **January 1, 2020**. You can hand deliver the 2020 food permit application to our office during regular business hours until **Tuesday, December 31, 2019 at 4:00 pm**, to ensure the food permit application is received by the deadline date.

For those operators who have both retail and deli operations, you will find two food permit applications enclosed. Please fill out both applications (**3 PAGES**), one for each operation. Only one permit fee will be charged for both food permits. If you are a non-for-profit organization, you are not required to pay the above annual fee; however, you must include your tax exemption number on the returned food permit application form and any supporting documentation.

If you have a public health emergency, please call 9-1-1. After normal business hours, if you have a public health non-emergency or immediate issue/concern (**fire/flood/power outage/boil order**), please call 309-467-2375 and ask for the public health administrator on call.

The Woodford County Health Department updated the Woodford County Food Sanitation Ordinance on June 19, 2018. The Woodford County Health Department implemented the new inspection form based upon the FDA Food Code for conducting retail food inspections as of July 1, 2018.

For Category I restaurants, allergen awareness training was required as of July 1, 2018. Unless otherwise provided, all certified food protection managers employed by a restaurant must receive or obtain training in basic allergen awareness principles within 30 days after employment and every 3 years thereafter. Also, effective July 1, 2020; a restaurant shall display a notice indicating to consumers that any information regarding food allergies must be communicated to an employee of the restaurant.

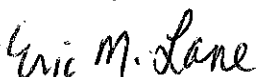
For Category II food establishments, the person-in-charge must have CFPM or IL FSSMC certification and be on the premises during all hours of operation.

As a reminder, the Woodford County Health Department is charging a fee for any recheck inspections that are deemed necessary and required. Recheck inspections may be necessary and required, for example, when a facility is cited for a priority violation or a priority foundation violation during a routine inspection that cannot be corrected during the routine inspection. The fee for a recheck inspection is \$25.00 per trip per recheck inspection. Repeat violations noted during unannounced routine inspections are core violations that have been observed in at least the last two consecutive routine inspections. Since **January 1, 2014**, if your establishment incurs a repeat violation, a fee of **\$25.00 per repeat violation** will be assessed to the establishment (1 repeat violation = \$25.00; 2 repeat violations = \$50.00; etc.).

According to Section F of the *Retail Food Establishment Sanitation Ordinance*, "Any person who violates any provision of this ordinance, or any rules and regulations adopted herein shall be guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not more than **\$500**. In addition thereto, such person may be enjoined from continuing such violations. Each day upon which such violations occur shall constitute a separate offense".

Please contact the Woodford County Health Department at (309) 467-3064 between 7:30 a.m. and 4:00 p.m., Monday through Thursday, and Fridays between 8:00 a.m. and 12:00 p.m., if you have any questions.

Sincerely,



Eric M. Lane, B.S., L.E.H.P.  
Acting Administrator

Enclosures



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DEADLINE DATE: JANUARY 1, 2020

OFFICE: Rec. \_\_\_\_\_  
# \_\_\_\_\_  
Amt. \_\_\_\_\_

**APPLICATION FOR OPERATIONAL FOOD PERMIT - 2020**

COMPLETE ALL AREAS OF APPLICATION AND PLEASE BE AS SPECIFIC AS POSSIBLE WHEN ANSWERING ALL QUESTIONS. PLEASE ATTACH SHEET TO INCLUDE ADDITIONAL INFORMATION AND MENU

ALL AREAS OF THIS APPLICATION MUST BE FILLED OUT COMPLETELY TO OBTAIN AN OPERATIONAL PERMIT. PERMITS WILL NOT BE ISSUED TO THOSE WHO FAIL TO COMPLY.

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

Establishment Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

IF DIFFERENT THAN ESTABLISHMENT ADDRESS (INCLUDE P.O. BOX, ETC.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PLEASE COMPLETE SO IMPORTANT INFORMATION CAN BE SENT QUICKLY

SOCIAL MEDIA Facebook: Yes  No  Twitter: Yes  No  other social media \_\_\_\_\_

**INCLUDE COPY OF ENTIRE MENU OFFERED - INCLUDE SPECIAL OR ANNUAL EVENTS**

BE SPECIFIC: If you only operate monthly, PLEASE indicate scheduled events such as chicken fries, breakfasts, and other special events – include times.

CIRCLE Days of the week OPEN M T W Th F S SUN

CIRCLE Days of the week CLOSED M T W Th F S SUN

HOURS (Example: 6:00 AM-6:00 PM - M-F) \_\_\_\_\_

NUMBER of meals served on a daily basis: \_\_\_\_\_

Do you cater ANY events (outside your facility)? \_\_\_\_\_

Approximately how many events and maximum number of people you can cater to: \_\_\_\_\_

Do you prepare, cook, serve, or sell food or drink outside your kitchen facility or off-site? Yes  No   
(If YES, a temporary food permit must be applied for prior to the event.)

TOTAL number of seats available in facility: \_\_\_\_\_

**If you have a public health emergency, please call 9-1-1. After normal business hours, if you have a public health non-emergency or immediate issue/concern (fire/flood/power outage/boil order), please call 309-467-2375 and ask for the public health administrator on call.**

DEADLINE DATE: JANUARY 1, 2020

Page 1 of 3

**OWNER:** Name, address, home & cell phone numbers, and e-mail addresses, of **ALL** owners (**include** name of company, corporation, partnership, sole proprietor, association, committee, president, vice-president, secretary, treasurer, other officers, shareholders, board members, registered agents, D/B/A, LLC, LLP, INC, LTD, etc.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Manager's Address & Contact Phone Number: \_\_\_\_\_

Manager's e-mail address: \_\_\_\_\_

*PLEASE COMPLETE ALL AREAS SO IMPORTANT INFORMATION CAN BE SENT QUICKLY*

Certified Food Protection Managers – Food Employees\*      ANSI CERTIFICATION NUMBER      EXPIRATION DATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO ALL OTHER FOOD EMPLOYEES HAVE FOOD HANDLER CERTIFICATION? Yes  No

Type of water supply:      WELL \_\_\_\_\_ CITY \_\_\_\_\_

Type of Sewage disposal:      SEPTIC \_\_\_\_\_ CITY \_\_\_\_\_

Not for Profit \_\_\_\_\_ Tax EXEMPT Number \_\_\_\_\_ (NOT FOR PROFIT ONLY)

**Fee Enclosed**    (\$300)    (\$200)    (\$150)      COPY OF MENU ATTACHED \_\_\_\_\_ (REQUIRED)  
 Risk Category    I \*              II \*              III

**PERMIT WILL NOT BE ISSUED IF APPLICATION IS NOT SIGNED AND COMPLETE**

By signature below, the applicant affirms that all information provided on this application, or attached hereto, is true and accurate to the best of his/her/their knowledge, and that all principal owner(s) shall comply with all applicable rules, regulations, ordinances, codes, and laws governing or pertaining to the food service establishment. False or inaccurate information is cause for denial of this application and/or suspension of the permit. A representative of the Woodford County Health Department is authorized to enter/inspect any foodservice establishment in Woodford County at reasonable times and collect epidemiological samples and photograph and/or video documentation as deemed necessary. It is your responsibility to check the Woodford County Health Department's website at [www.woodfordhealth.org](http://www.woodfordhealth.org) as often as is necessary for all food recalls/alerts/notices.

\_\_\_\_\_  
 Applicant's Printed Name                              Applicant's Signature                              Date

\_\_\_\_\_  
 \*Signature of Certified Food Protection Manager

\_\_\_\_\_  
 \*Signature of Certified Food Protection Manager

\_\_\_\_\_  
 \*Signature of Certified Food Protection Manager

\_\_\_\_\_  
 \*Signature of Certified Food Protection Manager

APPLICATION & FEE FOR OPERATIONAL FOOD PERMIT MUST BE RECEIVED BY THE WOODFORD COUNTY HEALTH DEPARTMENT NO LATER THAN JANUARY 1, 2020, OR POSTMARKED NO LATER THAN JANUARY 1, 2020, OR LATE FEES OF \$10.00 PER DAY MUST BE PAID AT THE TIME OF THE PERMIT FEE.

TYPE OF ESTABLISHMENT – APPLICATION FOR OPERATIONAL FOOD PERMIT

APPLICANTS MUST INDICATE WHAT TYPE OF ESTABLISHMENT FOR WHICH THEY ARE APPLYING

BAR

"Bar" means an establishment that is devoted to the serving of alcoholic beverages for consumption by guests on the premises and that derives no more than 10% of its gross revenue from the sale of food consumed on the premises. "Bar" includes, but is not limited to, taverns, nightclubs, cocktail lounges, adult entertainment facilities, and cabarets.

ENCLOSED OR PARTIALLY ENCLOSED SPORTS ARENA

"Enclosed or partially enclosed sports arena" means any sports pavilion, stadium, gymnasium, health spa, boxing arena, swimming pool, roller rink, ice rink, bowling alley, or other similar place where members of the general public assemble to engage in physical exercise or participate in athletic competitions or recreational activities or to witness sports, cultural, recreational, or other events.

GAMING FACILITY

"Gaming facility" means an establishment utilized primarily for the purposes of gaming and where gaming equipment or supplies are operated for the purposes of accruing business revenue.

HEALTHCARE FACILITY

"Healthcare facility" means an office or institution providing care or treatment of diseases, whether physical, mental, or emotional, or other medical, physiological, or psychological conditions, including, but not limited to, hospitals, rehabilitation hospitals, weight control clinics, nursing homes, homes for the aging or chronically ill, laboratories, and offices of surgeons, chiropractors, physical therapists, physicians, dentists, and all specialists within these professions. "Healthcare facility" includes all waiting rooms, hallways, private rooms, semiprivate rooms, and wards within healthcare facilities.

PRIVATE CLUB

"Private club" means a not-for-profit association that (1) has been in active and continuous existence for at least 3 years prior to the effective date of this amendatory Act of the 95th General Assembly, whether incorporated or not, (2) is the owner, lessee, or occupant of a building or portion thereof used exclusively for club purposes at all times, (3) is operated solely for a recreational, fraternal, social, patriotic, political, benevolent, or athletic purpose, but not for pecuniary gain, and (4) only sells alcoholic beverages incidental to its operation. For purposes of this definition, "private club" means an organization that is managed by a board of directors, executive committee, or similar body chosen by the members at an annual meeting, has established bylaws, a constitution, or both to govern its activities, and has been granted an exemption from the payment of federal income tax as a club under 26 U.S.C. 501.

RESTAURANT

"Restaurant" means (i) an eating establishment, including, but not limited to, coffee shops, cafeterias, sandwich stands, and private and public school cafeterias, that gives or offers for sale food to the public, guests, or employees, and (ii) a kitchen or catering facility in which food is prepared on the premises for serving elsewhere. "Restaurant" includes a bar area within the restaurant.

DAYCARE

GROCERY STORE

CONVENIENCE STORE

SCHOOL CAFETERIA

OTHER PUBLIC PLACE (PLEASE SPECIFY) \_\_\_\_\_

\_\_\_\_\_  
Applicant's Printed Name  
DEADLINE DATE: JANUARY 1, 2020

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

\_\_\_\_\_  
Date