



Crawford County Health Department
ENVIRONMENTAL HEALTH DIVISION

**202 N. Christopher Blvd.
Robinson, IL 62454**

**Phone: 618-544-8798
Fax: 618-544-9398**

www.cchd.net

ANNUAL APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT
(Please fill-out completely, including signature)

Name of Establishment _____

Address of Establishment _____ City _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Establishment Type: Permanent Structure Mobile Unit

Hours of Operation _____

Operator or Manager _____

Establishment Phone Number _____ Emergency Phone Number _____

Establishment FAX Number _____ E-mail _____

Individual L.L.C. Corporation Partnership Other

Corporate Name _____ Street _____ City _____ State _____ Zip _____

Corporate Phone _____ Corporate Fax _____ Corporate Email _____

OWNERS/PARTNER

(Provide information for ALL owners/partners, attach additional paper as necessary)

Name _____ Title _____ Email _____

Home address (street, city, state, zip) _____ Home Phone _____ Emergency Phone _____

Name _____ Title _____ Email _____

Home address (street, city, state, zip) _____ Home Phone _____ Emergency Phone _____

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Certified Food Service Sanitation Managers: (Provide information for all certified staff, attach additional paper as necessary)

Name	Number	Expiration Date
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Name	Number	Expiration Date
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Name	Number	Expiration Date
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Does the establishment do catering or have a delicatessen? YES NO

Does the establishment provide the retail sale of food, (grocery store, convenience mart, drug store, variety store etc.?) YES NO

In the past year has the facility changed menu items or food handling practices? YES NO

If yes, please explain: _____

Is the applicant exempt from paying a permit fee? YES NO

**Note: Governmental units and charitable, tax exempt, not-for-profit corporations registered under Section 501 (c) (3) of the Internal Revenue Service are exempt from paying a Crawford County Food Permit fee. If the applicant is registered under Section 501 (c) (3), a copy of the Internal Revenue Service document attesting to this status must be attached to this application.*

*I understand the issuance of this permit/license is conditional upon: (1) compliance with all applicable requirements of the Crawford County Health Department Food Sanitation Ordinance and (2) the results of any inspection of the above premises at the current time or subsequent time during the period of time the permit/licensed is in force.

*I hereby consent to inspection of the permitted/licensed premise by the Crawford County Public Health Department and applicable personnel.

Applicant(s) Name (Please Print)

Applicant Signature

Applicant Title

Date

For Office Use Only:

Permit #: _____
Date Issued: _____
Date Received: _____
CK/CS/MO #: _____
In Computer: _____
Initials: _____

Risk Classification: _____
Copy of FSSMC Certs.: YES NO
Sufficient # of Managers: YES NO
Handler Certificates: YES NO
Application Approved: YES NO

EMERGENCY CONTACT INFORMATION

Boil Orders

Fire

Extended Power Outages

Bioterrorism, Natural Disasters, Etc.

Should the Crawford County Public Health Department need to immediately contact your local facility in the event of an emergency, please provide the following information. This information will be maintained strictly confidential and WILL NOT be used for any other purpose.

PLEASE PRINT!

Facility Name: _____ Permit #: _____

Facility Address: _____

Facility Phone: _____ Facility Fax: _____

Local Contact #1 (24hrs/day):

Name:	
Home Phone:	
Mobile Phone	
Mobile Phone Carrier:	
Email:	

Local Contact #2 (24 hrs/day):

Name:	
Home Phone:	
Mobile Phone	
Mobile Phone Carrier:	
Email:	

Local Contact #3 (24 hrs/day):

Name:	
Home Phone:	
Mobile Phone	
Mobile Phone Carrier:	
Email:	

Thank you for your cooperation!