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## Application for Food Establishment License

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I (We) hereby apply for a License to operate a Food Establishment in the County of Pike:  
(Please type or print legibly)

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

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

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Telephone # \_\_\_\_\_

**Mailing Address (if different from above):**

Owner/Company Name: \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Owner(s) of Establishment:**

Owner	Address	City	State	Zip
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Owner	Address	City	State	Zip
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If the applicant is a partnership or firm, the application shall contain the name and address of each of its members; if a limited partnership, the name and address of each general partner thereof; and if a corporation or LLC, the application shall contain the names and addresses of its principal officers or its registered agent.

**Certified Food Manager** (Required for Category I and II) *List Additional Certificate Holders on Separate Sheet*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Have all employees with a CFPM certificate also received allergen training? (Category I Restaurants only)**

Yes     No

**Certified Food Handler** (Required for all Food Handlers) *List Additional Certificate Holders on Separate Sheet*

Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Please complete the worksheet on the back of this application and return to:**

Pike County Health Department  
606 W. Adams Street • Pittsfield, IL 62363 • 217/285-4407

*If there are any changes in ownership, location, food service operation, remodeling without approval, or if a corporation has a change in its registered agent, this permit may be deemed void and a new application required. I affirm that the information on this application is true to the best of my knowledge and belief:*

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Department Use Only**

Permit No. F-\_\_\_\_\_ Permit Expires \_\_\_\_\_ Permit Sent \_\_\_\_\_

# FOOD ESTABLISHMENT CATEGORY ASSESSMENT

## Category I

(Three inspections required per year with the option to waive one inspection if a CFPM is present during all times food is prepped and cooked OR with a HACCP training exercise)

- Cooling of TCS food
- TCS food is prepared hot or cold and held hot or cold for more than 12 hours before serving
- Complex preparation of food or extensive handling of raw ingredients with hand contact for ready-to-eat foods
- Reheating of TCS food which has been previously cooked and cooled
- Vacuum packaging, other forms of reduced oxygen packaging, or a special process that requires a HACCP plan
- Serving of immunocompromised individuals, the elderly, children under age 4 and pregnant women, where these individuals compose the majority of the consuming population

## Category II

(One inspection per year required)

- Preparing food for service from raw ingredients using minimal assembly
- Hot or cold foods are held at required temperatures for no more than 12 hours
- Foods requiring complex preparation are obtained from approved food-processing plants, Category I food establishments or retail food stores.

## Category III

(One inspection per year required)

- Only TCS commercially pre-packaged foods are available or served
- Only limited preparation of non-TCS foods and beverages, such as snack foods and carbonated beverages
- Only beverages (alcoholic and non-alcoholic) are served

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**Category:**    Category I       Category II       Category III

**Type of Establishment:**

**Restaurant**

**Non-Restaurant**

Restaurant

Bar/Tavern

School

Continental Breakfast

Retail

Seasonal

Daycare

Other \_\_\_\_\_

Mobile

Long Term Care Facility

**Days and Hours of Normal Operation:** \_\_\_\_\_

**Does the establishment do catering?**    Yes       No

**Is the establishment seasonal?**    Yes     No    If yes, months of operation \_\_\_\_\_

**Water Supply:**       Public       Semi-Private Well       Non-Community Well

**Sewage Disposal:**     Public       Private (Septic System)