

LaSalle County Health Department  
717 E. Etna Road - Ottawa, Illinois 61350  
1-815-433-3366/1-815-433-9522 FAX

APPLICATION FOR HEALTH PERMIT

The undersigned hereby makes application for a permit to operate a food establishment in the County of LaSalle.

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

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Establishment Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E Mail: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Send Mailings to: Establishment Licensee (Owner)

Establishment Type:

Restaurant	Deli	School	Concession Stand	Other
Retail/Grocery	Tavern Only	Hospital / Long Term Care	Time-Limited	Unknown

Operation Schedule Days & Times: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Months of Operation: Jan \_\_\_\_\_ Feb \_\_\_\_\_ March \_\_\_\_\_ April \_\_\_\_\_ May \_\_\_\_\_ June \_\_\_\_\_ July \_\_\_\_\_ Aug \_\_\_\_\_ Sept \_\_\_\_\_ Oct \_\_\_\_\_ Nov \_\_\_\_\_ Dec \_\_\_\_\_

Water Supply/Sewage Disposal: Public Water Private Well Public Sewer Private Septic

PERMIT FEES: Fees are based on priority assessment to be completed by The Health Department. (Establishments opening or changing ownership after July 1 must pay 50% of the appropriate fee for remainder of the calendar year)

**FEES ARE WAIVED FOR UNITS OF LOCAL GOVERNMENT, SCHOOLS, OR NON FOR PROFIT ORGANIZATIONS**

NOTE: IF YOUR ESTABLISHMENT HAS A NOT FOR PROFIT STATUS, YOUR FEES WILL BE WAIVED AS LONG AS WE RECEIVE AN ANNUAL NOT FOR PROFIT STATEMENT. (Please attach to this application.)

CATEGORY I	\$ 195.00 - Complex preparation or extensive handling of raw ingredients or the cooling and reheating of TCS foods, specialized processes, or serving highly susceptible populations.
CATEGORY II	\$ 125.00 - Most products prepared or cooked and served immediately, TCS foods requiring cooling or reheating is limited to two (2) or few of the same items with approval.
CATEGORY III	\$ 80.00 - Only pre-packaged foods are available or served, or only beverages are served. Limited preparation of non-TCS food & beverages, heating only commercially processed TCS foods for immediate service with no hot holding or assembly.
CONCESSION STAND	\$ 60.00 - Establishments operating <u>less than 90 consecutive days</u> .

Does The Establishment Employ A Certified Food Manager? Yes No

Name: \_\_\_\_\_ I.D. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ I.D. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*I affirm that the above information is true to the best of my knowledge and belief.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY**

Date Inspected: \_\_\_\_\_

Permit Issued On: \_\_\_\_\_

Establishment #: \_\_\_\_\_

Health Permit Number: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Amt. Paid: \_\_\_\_\_ cash ck# \_\_\_\_\_