

## TYPE OF ESTABLISHMENT:

- ☐ FIXED SITE    ☐ FIXED SITE SEASONAL (In operation less than 6 months)  
☐ FIXED SITE LIMITED OPERATION (In operation for less than 5 consecutive days at a time and no more than 60 days per 1 year)

NAME OF FOOD ESTABLISHMENT			PHONE:	
FOOD ESTABLISHMENT EMAIL:				
PHYSICAL LOCATION	Street	City	State	Zip Code

MAILING ADDRESS FOR ESTABLISHMENT (This is where we will mail permits, renewals, invoices, and reports)

Days/hours that establishment is open (If hours change, Health Dept. must be notified): **REQUIRED**

Monday:                                      Thursday:                                      Saturday:  
Tuesday:                                      Friday:                                      Sunday:  
Wednesday:                                      Seasonal/limited dates of operation (Required):

## FOOD ESTABLISHMENT OWNERSHIP TYPE

☐ INDIVIDUAL    ☐ ASSOCIATION    ☐ CORPORATION    ☐ PARTNERSHIP    ☐ OTHER LEGAL ENTITY: \_\_\_\_\_

FOOD ESTABLISHMENT OWNERSHIP NAME(S), TITLES, & ADDRESSES (INCLUDING OWNERS AND OFFICERS) **REQUIRED**

	Applicant- Name(s) on Permit	Manager	Manager
Name/Title	This is your permit holder		
Primary phone			
E-mail			
Mailing Address			

**APPLICANT MUST SIGN** By my signature below I acknowledge that, to the best of my knowledge, this application is complete and true, that this establishment will be operated in accordance with the current Illinois Food Service Sanitation Code (Part 750), and will allow the Christian County Health Department access for inspection.

**APPLICANT SIGNATURE: REQUIRED** \_\_\_\_\_ **DATE: REQUIRED** \_\_\_\_\_

☐ FEE WAIVER: You must include a copy of current documentation showing bona fide Not-For-Profit status. These organizations are not exempt from late fees. Note that there is a \$20.00 records/database charge that must be paid in order to receive your food permit.

**OFFICE USE ONLY**

Permit Category: \_\_\_\_\_ Permit #: \_\_\_\_\_

Application Fee Received (☐ late fee)      Database Fee      Check # / Cash / CC      Date Paid      Receipt

Database update:



# New or Remodeled Fixed Site Establishment Food Service Risk Factor Flow Chart

## Christian County Health Department

Will you prepare food at a location other than your permitted facility or mobile unit? ☐ Yes ☐ No

If so, where? (name of facility, address, County) \_\_\_\_\_

All food must be prepared at a facility with a current food permit from the appropriate regulatory agency. Provide a copy of the current food permit as well as a copy of the most recent health department inspection for the other facility. Failure to provide this documentation may result in a delay in issuing your renewal food permit.

**Risk Factor Flow Chart instructions:** Answer each question by checking “Yes” or “No”. The first time you answer “Yes,” follow the arrow to the right to see which risk category you are in. Definitions of key terms are attached.

**Start Here**

- Reduced oxygen packaging? ☐
- Smoking/curing? ☐
- Bottling of raw juices or ciders? ☐
- Fermentation? ☐
- Acidification to convert TCS food to non-TCS food? ☐

☐ YES



### CATEGORY I FACILITY – HIGH RISK

Must have CCHD approved HACCP plan.

High risk plan review required.

Must have at least one CFPM for each shift, who also has allergen awareness training certificate.  
Food handler training required for workers.

☐ NO ↓

- Reheat 3 items or more? ☐
- Prepare TCS food using extensive preparation for delivery to and consumption at a location off the premises? ☐
- Prepare and then hold hot or cold foods for 12 hours or more before serving? ☐
- Cool hot foods that you have prepared? ☐
- Reheat cooled foods? ☐
- Primarily serve an at-risk population? ☐
- Use bare-hand contact with ready to eat (RTE) foods? ☐

☐ YES



### CATEGORY I FACILITY – HIGH RISK

Facilities proposing bare-hand contact with RTE foods must submit risk control plan.

High risk plan review required.

Must have at least one CFPM for each shift, who also has allergen awareness training certificate.  
Food handler training required for workers.

☐ NO ↓

- Do/will you prepare hot and/or cold foods or foods that require temperature control after preparation? ☐
- Only to order upon consumer’s request? ☐
- As approved by the regulatory authority, preparation of time/temperature control for safety foods requiring cooking, cooling, and reheating for hot holding limited to 2 or fewer same items or processes with approved procedures? ☐

☐ YES



### CATEGORY II FACILITY – MEDIUM RISK\*

Medium risk plan review required.

Must have at least one full-time CFPM.  
Food handler training required for workers.

☐ NO ↓

- Do/will you prepare food, open or serve open beverages, or handle food or food contact surfaces? ☐
- Heat only commercially processed TCS foods for immediate service with no hot holding or assembly? ☐

☐ YES



### CATEGORY III FACILITY – LOW RISK\*

Food handler training required for workers.

☐ NO ↓

- Do/will you provide only prepackaged foods **including TCS foods which require time/temperature control for safety?** (Ex: milk, eggs, commercially packaged and sealed lunch meats, and/or products labeled “Keep Refrigerated”) ☐

☐ YES



### CATEGORY III FACILITY – LOW RISK

☐ NO ↓

Do/will you provide only prepackaged foods that **do not require time/temperature control for safety (TCS) with no sampling?** (Ex: candy bars, canned pop, bottled water, chips) ☐

☐ YES



**NO PERMIT NEEDED**

\*New establishments may be automatically classified at a higher risk level than determined for their first year. If inspection history for the first year is satisfactory, then the risk level can be reassigned to the originally determined risk factor. Existing establishments failing to effectively control risks may also be classified at a higher risk level.

## Definition of terms

**At-risk population** – immunocompromised individuals such as the elderly, young children under age four and pregnant women are served, where these individuals compose the majority of the consuming population.

**Category I facility** – a food establishment that presents a high relative risk of causing food-borne illness, based on the large number of food handling operations typically implicated in food-borne outbreaks and/or the type of population served by the facility.

**Category II facility** – a food establishment that presents a medium relative risk of causing food-borne illness, based upon few food handling operations typically implicated in food-borne illness outbreaks.

**Category III facility** – a food establishment that presents a low relative risk of causing food-borne illness, based upon few or no food handling operations typically implicated in food-borne illness outbreaks.

**Commissary:** Food establishment or approved place in which food, containers, supplies, single service articles, single use articles are kept, prepared, packaged or stored for off-site service.

**Extensive preparation** – Processes that include the cooking, hot and cold holding, and reheating of time/temperature control for safety foods.

**Food(s)** – A raw, cooked, or processed edible substance, ice, beverage, or ingredient used or intended for use or for sale in whole or in part for human consumption, or chewing gum.

**Food contact surface(s)** – Includes a surface of equipment or a utensil with which food normally comes into contact; or a surface of equipment or a utensil from which food may drain, drip, or splash into a food, or onto a surface normally in contact with food.

**PHF** – Potentially hazardous food(s). Applies to foods requiring time or temperature controls to prevent the growth of harmful or toxin forming pathogens. Also referred to as time/temperature control for safety (TCS) foods.

**Prepackaged** – Bottled, canned, cartoned, bagged, or wrapped, whether packaged in a food establishment or a food processing plant. Prepackaged does not include wrapped or placed in a carry-out container to protect the food during service or delivery to the consumer, by a food employee, upon consumer request.

**Reduced Oxygen Packaging (ROP)** – The reduction of the amount of oxygen in a package by removing oxygen; displacing oxygen and replacing it with another gas or combination of gases; or otherwise controlling the oxygen content to a level below that normally found in the atmosphere (approximately 21% at sea level); and a process as specified above that involves a food for which the hazards *Clostridium botulinum* or *Listeria monocytogenes* require control in the final packaged form. Includes vacuum, modified atmosphere, controlled atmosphere, cook-chill and sous vide packaging.

**Risk factor** – A level of risk assigned to a food service establishment based upon the types of food being offered, level of preparation, population served and associated risk of transmitting foodborne illness. In Boone County, IL, risk factors are assigned a Roman numeral of either I (high risk), II (medium risk), or III (low risk).

**TCS** – Time/temperature control for safety. Applies to foods requiring time or temperature controls to prevent the growth of harmful or toxin forming pathogens. Formerly referred to as potentially hazardous foods (PHF).