



# Christian County Health Department

730 N. Pawnee St, Taylorville, Illinois 62568  
Main Office 217.824.4113 Fax 217.824.5407  
www.christiancountyhealth.org

# MOB

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

<b>TYPE OF ESTABLISHMENT:</b> <input type="checkbox"/> MOBILE <input type="checkbox"/> COMMISSARY	
<b>NAME OF FOOD ESTABLISHMENT (If mobile, also include license plate number)</b>	<b>PHONE:</b> <b>FAX:</b>
<b>COMMISSARY/BASE OF OPERATIONS (Street #, Street Name, City, State, Zip Code) Mobile ONLY</b>	
<b>MAILING ADDRESS FOR ESTABLISHMENT (Attention: _____)</b>	

NAME OF EVENT(S) OR ROUTE	LOCATION	DATE(S) OF EVENT	HOURS (of food operation)

**FOOD ESTABLISHMENT OWNERSHIP TYPE**

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

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

	A. Applicant	B. Manager	C. Supervisor of B
<b>Name &amp; Title</b>	Birth Date: _____ <input type="checkbox"/> Name on permit	<input type="checkbox"/> Name on permit	<input type="checkbox"/> Name on permit
<b>Primary phone</b>			
<b>e-mail / fax</b>			
<b>Mailing Address</b>	<input type="checkbox"/> call to pick up	<input type="checkbox"/> call to pick up	<input type="checkbox"/> call to pick up

**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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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. Mobiles Only: 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 #: \_\_\_\_\_

Mobile: \_\_\_\_\_ Commissary: \_\_\_\_\_

**High** [ ] \$400.00    **Medium** [ ] \$300.00    **Low** [ ] \$200.00    **High** [ ] \$300.00    **Medium** [ ] \$250.00    **Low** [ ] \$175.00

EXPIRATION DATE \_\_\_\_\_ Database Fee [ ] \$20.00 Late Fee [ ] \$30.00

Food shall be prepared on site or in a facility pre-approved by this department.

Menu Item	Item Preparation Description (commercially prepared, prepared onsite, prepared offsite, from raw ingredients, prepackaged, etc...)	Requires temperature control? (Yes or No)	Temperature Control Method (Ex. refrigeration, ice, steam table, roaster, etc...)

Do you have a commissary site or truck?

Yes (give location of site or trucks, and number of trucks):

\_\_\_\_\_

No (please describe where supplies are stored):

\_\_\_\_\_

Where do you purchase the food? Vendor or store name: \_\_\_\_\_

Fresh water supply is from (address): \_\_\_\_\_

This supply is:  Municipal/city    Private well    Non-Community Public Water Supply    Bottled Water

<b>Mobile Units</b> (wastewater tank must be at least 15% times the capacity of fresh water supply tank)	<b>Temporary Event Booth</b> (must have sufficient fresh water for handwashing, utensil washing, and all other food prep activities)
Capacity of integrated fresh water supply tank: _____gallons	# Gallons fresh water available for use: _____gallons
Capacity of integrated wastewater tank: _____gallons	# Gallons capacity of onsite wastewater disposal: _____gallons

Location of wastewater disposal: \_\_\_\_\_

Please provide information for the following

Equipment/Capability	Yes	No	Explain
Hot & cold water under pressure			
Hand wash sink			
Three-compartment sink			
Hot water heater			
Integrated wastewater tank			
Refrigeration unit(s)			
Grill(s) or fryer(s)			
Steam Table			



# Temporary Food Service Establishment Risk Factor Flowchart Christian County Health Department

Will you prepare food at a location other than at the event?  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 (regarding food preparation for and/or in the mobile unit) 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



Do/will you do **any** of the following: ( check all that apply)  
Reduced oxygen packaging?   
Smoking/curing?   
Bottling of raw juices or ciders?   
Fermentation?   
Acidification to convert TCS food to non-TCS food?

YES

**NOT ELIGIBLE FOR TEMPORARY PERMIT**

NO

Do/will you do **any** of the following: ( check all that apply)  
Prepare TCS food in advance using extensive preparation?   
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.  
**Must have at least one CFPM\* for each shift.**

\* CFPM - Certified Food Protection Manager

NO

Do/will you prepare hot and/or cold foods or foods that require temperature control after preparation: ( check all that apply)  
Only to order upon consumer's request?   
In advance in quantities based on projected consumer demand and discard food that is not sold or served at an approved frequency?   
Using time as the public health control (4 hour rule)?

YES

**CATEGORY II FACILITY – MEDIUM RISK**  
**Must have at least one full-time CFPM\*.**

\* CFPM - Certified Food Protection Manager

NO

Do/will you prepare food, open or serve beverages (alcoholic or non-alcoholic), or handle food or food contact surfaces? Prepackaged food may also be provided.

YES

**CATEGORY III FACILITY – LOW RISK**

NO

Do/will you provide only prepackaged foods **including PHF/TCS foods which require time/temperature control for safety?** (Examples: milk, commercially packaged and sealed lunch meats, 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)?** (Examples: candy bars, canned pop, bottled water, chips)

YES

**NO PERMIT NEEDED**



# Restroom Agreement

A non-permanent food unit that operates at the same location for two (2) or more hours, **MUST:**

- Provide restroom facilities within **300 feet** of the food stand/unit.
- The restroom facilities **MUST be available** during all hours of operation, including set up times.
- Restroom access may be public restrooms or an agreement with a private business owner.
- Failure to have restroom access may result in the closure of the food unit.
- This agreement must be submitted for **EACH** location listed on the "operating schedule".

**Name of Food Operation (DBA):** \_\_\_\_\_

**Operation Location:** \_\_\_\_\_  
Street Address City

**Operation Hours/Days (at above location):** **Sunday:** \_\_\_\_\_ **Thursday:** \_\_\_\_\_  
**Monday:** \_\_\_\_\_ **Friday:** \_\_\_\_\_  
**Tuesday:** \_\_\_\_\_ **Saturday:** \_\_\_\_\_  
**Wednesday:** \_\_\_\_\_

**Signature of Licensee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Restroom Facility Location

**Business Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
Street Address City

**Business Phone Number:** \_\_\_\_\_

**Business Hours/Days (at above location):** **Sunday:** \_\_\_\_\_ **Thursday:** \_\_\_\_\_  
**Monday:** \_\_\_\_\_ **Friday:** \_\_\_\_\_  
**Tuesday:** \_\_\_\_\_ **Saturday:** \_\_\_\_\_  
**Wednesday:** \_\_\_\_\_

**Approximate distance from the food operation to the restroom (in feet):** \_\_\_\_\_

## Authorization to Use Restroom Facilities:

(Not needed for Public Restrooms)

\_\_\_\_\_  
(Printed Name of Person Authorizing Food Unit to Utilize Restroom Facilities)

\_\_\_\_\_  
(Signature of Person Authorizing Food Unit to Utilize Restroom Facilities)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCHD Staff Name/ Signature

\_\_\_\_\_  
Date



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*The mission of the Christian County Health Department is to serve our community by preventing the spread of disease, as well as protecting, assuring and improving the public's health.*

## Commissary Sharing Agreement

*Temporary Food Establishments and Mobile Food Units using a commissary under different ownership must submit this form with their Temporary/Mobile Food Establishment Permit Application yearly. A copy of a valid Food Service Sanitation Manager's Certificate must also be submitted for vendors with a high or medium risk permit. For Temporary/Mobile Food Establishments whose commissary is located out of county, comparable documentation will be required with the approval of their respective local Health Department.*

*Liability Statement: By signing this agreement, we understand that the food establishment and the Temporary Food Establishment/Mobile Food Establishment are jointly and severally liable for any violations of the Christian County Food Code that may occur while the Temporary/Mobile Food Establishment is using the commissary.*

### Commissary/Building Owner Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Contact Name and Phone number \_\_\_\_\_

Daily Business Hours of Operation \_\_\_\_\_

### Food Operator Information

Name \_\_\_\_\_

Contact Name and Phone Number \_\_\_\_\_

Daily Hours of Operation at Commissary \_\_\_\_\_

**A commissary is a fundamental part of a mobile food establishment's operation. Requirements may vary depending on the menu, food preparation activities, and design of the mobile food establishment. Indicate which of the following items will be available for use at the commissary:**

- |   |  |
|---|--|
| <input type="checkbox"/> Handwashing Sink(s) <sup>1</sup> | <input type="checkbox"/> Commercial Refrigeration                    |
| <input type="checkbox"/> Three Compartment sink           | <input type="checkbox"/> Freezer Space                               |
| <input type="checkbox"/> Mop sink                         | <input type="checkbox"/> Food and Single service items storage space |
| <input type="checkbox"/> Preparation/Vegetable Sink       | <input type="checkbox"/> Cooking Equipment                           |

<sup>1</sup> Approved hand sinks are required in all food preparation areas and dish washing areas.

- ✓ Temporary Food Establishment or Mobile Food Operator must have access to the kitchen if hours of the Temporary Food Establishment or Mobile Food operation exceed hours of the Food Establishment.
- ✓ Food establishment licensees are responsible for correcting health code violations on equipment provided to the food operators and the facility.
- ✓ Food operators are responsible for correcting health code violations on their own equipment.
- ✓ The food establishment operator shall notify Christian County Health Department if there are any changes to this agreement and it must be renewed yearly. This agreement is not transferable.

\_\_\_\_\_  
Commissary Owner - Sign and Date

\_\_\_\_\_  
Food Operator - Sign and Date

## 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).