Public Health
Prevent. Promote. Protect.

Christian County Health Department

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Online: www.CCHDIL.org

TYPE OF ESTABLISHMENT:

□ TEMPORARY

NAME OF FOOD ESTABLISHMENT (If mobile, also include license plate number)	**PHONE:** **FAX:**

COMMISSARY/BASE OF OPERATIONS (Street #, Street Name, City, State, Zip Code)Mobile ONLY

MAILING ADDRESS FOR ESTABLISHMENT (Attention: _____)

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
Name & Title	Birth Date: _____ □ Name on permit	□ Name on permit	□ Name on permit
Primary phone			
e-mail / fax			
Mailing Address	□ call to pick up	□ call to pick up	□ 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.

Permit Category: _____ Permit #: _____

----------OFFICE USE ONLY----------

Temporary

Bake Sale [ ] NO FEE **HIGH** [ ] $100.00 **MEDIUM** [ ] $50.00 **LOW** [ ] $25.00 **LATE FEE** [ ] $30.00

EXPIRATION DATE _____

Food shall be prepared on site or in a facility pre-approved by this department. Food shall not be prepared in residential kitchen facilities except for bake sale items.

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

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

☐ **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.

☐ **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**

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).