



Public Health
Prevent. Promote. Protect.

Knox County Health Department

Knox County Health Department
1361 West Fremont Street, Galesburg, IL 61401
(309) 344-2224 Fax (309) 344-5049 www.knoxcountyhealth.org

APPLICATION FOR HEALTH PERMIT

The undersigned hereby makes application for a permit to operate a food establishment and/or retail food store in the County of Knox.

NAME OF ESTABLISHMENT: _____

ADDRESS: _____
(Street) (City) (Zip)

PHONE: _____

OWNER: _____ PHONE: _____

ADDRESS: _____
(Street) (City) (Zip)

MANAGER: _____ PHONE: _____

TYPE OF ESTABLISHMENT: RESTAURANT GROCERY STORE TAVERN
 SCHOOL BED & BREAKFAST DELI
 OTHER: _____

WATER SUPPLY: PUBLIC PRIVATE (INDIVIDUAL WELL)
 PUBLIC PRIVATE (SEPTIC SYSTEM)

HOURS OF OPERATION: _____

Is your facility a non-smoking establishment? Yes _____ No _____

If yes, Full time _____ Certain times _____ When: _____

METHOD OF UTENSIL CLEANING & SANITATION: _____

PERMIT FEES: Fees are based on priority assessment tool completed by Health Department.

Category I	\$150.00	PREPARES, SELLS AND/OR SERVES POTENTIALLY HAZARDOUS FOOD
Category II	\$125.00	PREPARES, SELLS AND/OR SERVES POTENTIALLY HAZARDOUS FOOD ON A LIMITED BASIS
Category III	\$105.00	PREPARES, SELLS AND/OR SERVES NON-POTENTIALLY HAZARDOUS FOOD
Category IIII	WAIVED	UNITS OF LOCAL GOVERNMENT OR SCHOOLS

DOES THE ESTABLISHMENT EMPLOY A CERTIFIED FOOD MANAGER? Yes _____ No _____

IF YES, NAME: _____ CERTIFICATE #: _____

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

SIGNATURE: _____ DATE: _____

-OFFICE USE ONLY-

Priority Assessment: _____ By: _____

Permit Issued On: _____ By: _____

Establishment Number: _____ Permit Number: _____