COLES COUNTY HEALTH DEPARTMENT
753 Windsor Road
Charleston, IL 61920
(217) 348-0530
Credit Card Payment available on website: www.colesco.illinois.gov

FOR OFFICE USE ONLY:
Establishment # _____
CK/CH/MO #_____
Online payment transaction#_____

APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

(please fill-out completely, ***including signature***)

PERMIT TYPE AND FEE: (check one)

- ☐ Category 1 .... (**$300.00**)
- ☐ Category 2 .... **($250.00)**
- ☐ Category 3 .... (**$200.00**)
- ☐ ***Late Fee if not received by October 01, 2024… ....($100.00)***

Name of Establishment_____ Date_____
Address of Establishment_____ City _____ Zip_____
Mailing Address of Establishment_____ City_____ Zip_____
Operator or Manager _____
Establishment Phone Number_____Emergency Phone #_____
Establishment FAX Number_____
E-mail Address-Facility(Required)_____Manager Email: _____
(Required)☐Individual ☐ Firm ☐ Corporation ☐ Partnership*

Food Service Headquarters Street City State Zip

Chief Executive Officer Street City State Zip

***If partnership, full names and complete addresses of all partners must be attached with this form.**

Hours of Operation:

Monday_____Tuesday_____Wednesday_____

Thursday_____Friday_____ Saturday_____Sunday_____

CERTIFIED FOOD SERVICE SANITATION MANAGER: CATEGORY **1 & 2** ESTABLISHMENTS: *YOU MAY ATTACH AN ADDITIONAL PAGE IF NEEDED.*

Name/Title_____Number_____ Expiration Date_____
Name/Title_____Number_____ Expiration Date_____
Name/Title_____Number_____ Expiration Date_____

(* Has this facility changed menu items or food handling practices between October 1, 2023 and September 30, 2024?**)**

☐ Yes ☐ No If yes, please explain:_____

Additional food or single service storage locations: If yes, please explain: _____

☐ **I have submitted a current menu with this application** (Please check box) if applicable. —copy only of menu if changed since 10/01/2023

I affirm that the above information is true to my best knowledge and belief. On behalf of the above facility, I agree to comply with all applicable laws, codes and ordinances.

Applicant(s) Name *(please print)* _____ ***Applicant(s) Signature***

Applicant's Address_____ City_____ Zip_____

FOR OFFICE USE ONLY:

Inspection of premises made_____Date Received: _____

Approved by_____ Permit issued_____

PLEASE COMPLETE FRONT AND BACK OF FORM

COLES COUNTY HEALTH DEPARTMENT

Gloria Spear
Administrator

Kim Ross
Director of Environmental Health

Lisa Sorensen
Director of Nursing

Paul Howarth
Chief Financial Officer

825 EIGHTEENTH STREET
CHARLESTON, ILLINOIS 61920

Telephone:
(217) 348-0530

(217)348-5321 Nursing Fax
(217)348-5322 Environmental Health Fax

www.colesco.illinois.gov

Emergency Contact Information

This information applies to ALL facilities and is requested so that we may contact you in the event of an emergency, product recall, food borne illness, power outages, etc. This will provide us with a means to contact all facilities quickly by e-mail, fax or phone, 24/7, although priority will be given to emails.

The information that is collected on this form will be maintained as strictly confidential and will not be used for any other purpose. Information provided on your permit application is considered public record and can be released with a Freedom of Information Act request. This document would be exempt from such request.

Please complete all the requested information and indicate the 1st and 2nd method which you can to be contacted 24/7. Nursing Homes shall submit their emergency plan for each facility with this application. Effective November 2010 the disaster preparedness regulations for facilities licensed under the Nursing Home Care Act and the MR/DD Community Care Act were expanded to include language requiring annual submission of all disaster policies and plans as well as copies of its emergency water supply agreements to the local health department. Covered entities should submit these plans as part of the annual food permit application.

Establishment Name: _____ Permit Number _____
Establishment Phone Number: _____ Fax # _____
E-Mail: _____
Owner: _____ Phone #_____ Cell #: _____
Fax #: _____E-Mail: _____
Manager: _____Phone #: _____ Cell #: _____
Fax #: _____ E-Mail: _____
Building Owner: _____Phone #: _____Cell #: _____
Fax #: _____ Email: _____

By signing below, I am approving future inspections to be delivered via email. Future inspections may not be printed on site, but sent via electronically to the email address of both the owner and / or the manager listed on this application

Signatures(s)_____