

# RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION

Whiteside County Health Department, 18929 Lincoln Rd., Morrison, IL  
(815) 772-7411, ext.#104 FAX(815) 772-4723

## PERMIT INFORMATION

Establishment Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ FAX \_\_\_\_\_  
Applicant (Corporate Name, if applicable) \_\_\_\_\_  
Hours of Operation \_\_\_\_\_ Days Closed \_\_\_\_\_

## FEE DETERMINATION

Type: Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_ Full-time \_\_\_\_\_  
Seating Capacity \_\_\_\_\_ Seats Number of cash registers \_\_\_\_\_  
"Risk" Determination (Attach copy of the menu or list food items prepared) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use	Group _____	Fee _____
		Plan Review Fee _____
		Total _____

## MANAGERS' INFORMATION

Names of Full-Time Certified Managers	Certificate #	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Managers (Not listed above): \_\_\_\_\_  
\_\_\_\_\_

Submitted By: \_\_\_\_\_ Date \_\_\_\_\_

Fee: _____	Date Paid _____	Permit # _____
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