

Jo Daviess County Health Department
Division of Environmental Health
9483 U.S. Rt. 20 W. P.O. Box 318 Galena, IL 61036
Phone # (815) 777-0283 Fax # (815) 777-2977

Application for Retail Food Establishment Permit

Name of Establishment _____

Establishment Address _____

Telephone Number _____

Mailing Address _____

Applicant (s) _____

Home Address _____

Telephone Number _____

Certified Food Manager _____

License Number _____

Type of Operation

| | |
|------------------------------------|-----------------------------------|
| _____ Restaurant | Establishment Menu : _____ |
| _____ Tavern w/ kitchen facilities | _____ |
| _____ Tavern | _____ |
| _____ Retail Food Store | _____ |
| _____ Retail Bakery | _____ |
| _____ Other | _____ |

Hours and Days of Operation

Water Supply _____ Municipal _____ Non-Community

Sewage Disposal _____ Municipal _____ Private

Applicant (s) _____

Signature

Date

Approved By _____

Signature of Sanitarian

Date