



1240 N. Highland Ave., Suite 5, Aurora, IL 60506  
Phone (630) 444-3040 Fax (630) 897-8123

1750 Grandstand Place, Elgin, IL 60123  
Phone (630) 444-3040 Fax (847) 888-6458

www.kanehealth.com

**2020 APPLICATION FOR FOOD HANDLING PERMIT**

As prescribed in Article II, Section C, Kane County Food Sanitation Ordinance, the undersigned hereby makes application for a permit to operate a food service establishment in the County of Kane.

**ESTABLISHMENT INFORMATION**

Name of Business \_\_\_\_\_ Fax \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Website \_\_\_\_\_  
Parcel Identification Number \_\_\_\_\_ (REQUIRED FIELD FOR NEW ESTABLISHMENTS)

**MAIL DIRECT BILLING STATEMENT TO**

Name of Business Owner \_\_\_\_\_ Fax \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**PERMITS WILL BE MAILED TO THE ESTABLISHMENT ADDRESS UNLESS OTHERWISE INDICATED** (An additional copy can be sent to the business owner at no charge if requested at the time of application submittal. After submittal a \$25.00 processing fee will apply.)

**BUILDING OWNER**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**TYPE OF OWNER**  Individual  Partnership  Corporation/LLC  Corporation/LLC  Unit of Local Govt.

**ESTABLISHMENT CLASSIFICATION** (see reverse) \_\_\_\_\_ **TYPE OF PERMIT**  New  Renewal

**SQUARE FEET** \_\_\_\_\_ **SEATING CAPACITY** \_\_\_\_\_ **NUMBER OF EMPLOYEES** \_\_\_\_\_

**SEASONAL** (6 months or less)  **NONSEASONAL** (more than 6 months)

**BUSINESS HOURS** \_\_\_\_\_ to \_\_\_\_\_ **DAYS CLOSED** \_\_\_\_\_

**NAME OF CERTIFIED FOOD PROTECTION MANAGER** \_\_\_\_\_

**POSITION** \_\_\_\_\_ **ID#** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_

**WATER SUPPLY** (check one)  Public  Private Date Water Tested \_\_\_\_\_

**SEWAGE DISPOSAL** (check one)  Public  Private

**SEPTIC PUMPER** \_\_\_\_\_ Last Date Pumped \_\_\_\_\_

**GREASE TRAP DISPOSAL BY** \_\_\_\_\_ (company name)

**GREASE BARREL DISPOSAL BY** \_\_\_\_\_ (company name)

**PEST CONTROL CO.** \_\_\_\_\_  
(Name) (Complete Mailing Address) (Phone Number)

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

\*\*\*\*\*

**DO NOT WRITE BELOW - FOR OFFICE USE ONLY**

License Number \_\_\_\_\_ Issuance # \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Category \_\_\_\_\_ Approved By \_\_\_\_\_

**\* THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR LOCATION \***

## **ESTABLISHMENT CLASSIFICATIONS**

### **CATEGORY I-1**

Includes facilities that routinely:

- 1) All large (greater than 15,000 square feet) multi-departmental retail grocery stores

Example of Category I-1 facilities would include large (greater than 15,000 square feet) multi-department retail grocery stores which may include delicatessen, bakery, meat/seafood, produce and food service. A Certified Food Protection Manager must be on the premises at all times.

### **CATEGORY I-2**

- 1) Potentially hazardous foods are cooled, as part of the food handling operation at the facility;
- 2) Potentially hazardous foods are prepared hot or cold and held hot or cold for more than 12 hours before serving;
- 3) Potentially hazardous foods cooked and cooled, must be reheated;
- 4) Potentially hazardous foods which are prepared for off-premises serving with time-temperature requirements during transportation; holding and service are relevant;
- 5) Complex preparation of foods, or extensive handling of raw ingredients with hand contact for ready-to-eat foods, occurs as part of the food handling operations at the facility;
- 6) Vacuum packaging and/or other forms of reduced oxygen packaging are performed at the retail level; or
- 7) Immunocompromised individuals such as the elderly, pre-school aged children and pregnant women are served, where these individuals compose the majority of the consuming population.

Examples of Category I-2 facilities would include full-menu restaurants, caterers, hospitals, small (less than 15,000 square feet) grocery stores, daycares/pre-schools providing a full service meal. A Certified Food Protection Manager must be on the premises at all times.

### **CATEGORY II**

- 1) Hot or cold foods are held at required temperatures for no more than 12 hours and are restricted to same day service;
- 2) Foods are prepared from raw ingredients using only minimal assembly;
- 3) Foods that require complex preparation (whether canned, frozen or fresh prepared) are obtained from approved food processing plants, high risk food service establishments or retail food stores.

Examples of Category II facilities would include fast food restaurants and daycares/preschools that provide potentially hazardous pre-packaged or catered food that must be kept hot or cold. A Certified Food Protection Manager must be on the premises at all times.

### **CATEGORY III**

- 1) Only pre-packaged foods are available or served in the facility, and any potentially hazardous foods available are commercially pre-packaged in an approved processing plant;
- 2) Only limited preparation on non-potentially hazardous foods and beverages, such as snack foods and carbonated beverages, occurs in facility;
- 3) Only beverages (alcoholic and non-alcoholic) are served at the facility.

Examples of Category III facilities would include retail outlets selling only pre-packaged foods, movie theaters with popcorn and soda, and bars that do not prepare potentially hazardous food and daycares/pre-schools that serve limited potentially hazardous foods such as milk or non-potentially hazardous snack. A Certified Food Protection Manager recommended but not required.

Establishments serving milk only and/or coffee only or fewer than 3 coolers of one other single food item that is prepackaged such as ice cream or cheese can petition for 50% waiver.

*Applications submitted after July pay half the appropriate fee (Applicable to New Food Establishments Only).*



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## CATEGORY I-1, I-2, AND II FOOD ESTABLISHMENTS

### Mandatory Certified Food Protection Manager Schedule

Name of Establishment: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

A Certified Food Protection Manager must be present at all times the facility is in operation for Category I-1, I-2 and II establishments. Provide two (2) weeks' worth of work schedules for these employees (see reverse side for schedule).

1) Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Position: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

2) Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Position: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3) Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Position: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

4) Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Position: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

5) Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Position: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

6) Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Position: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature (Owner/Manager))

## Certified Food Protection Manager Schedule

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
12:00 a.m.							
1:00 a.m.							
2:00 a.m.							
3:00 a.m.							
4:00 a.m.							
5:00 a.m.							
6:00 a.m.							
7:00 a.m.							
8:00 a.m.							
9:00 a.m.							
10:00 a.m.							
11:00 a.m.							
12:00 p.m.							
1:00 p.m.							
2:00 p.m.							
3:00 p.m.							
4:00 p.m.							
5:00 p.m.							
6:00 p.m.							
7:00 p.m.							
8:00 p.m.							
9:00 p.m.							
10:00 p.m.							
11:00 p.m.							

Date Reviewed: \_\_\_\_\_

Reviewed by: \_\_\_\_\_