

ADAMS COUNTY HEALTH DEPARTMENT

330 Vermont Street • Quincy, Illinois • 62301

(217) 222-8440

Application for Food Establishment

Name of Business: _____

Address: _____

Street

City

Zip

Telephone Number of Business: _____ Fax Number of Business: _____

Email Address _____

Hours of Operation _____

Billing Address (if different than business address:) _____

Individual
 Partnership
 Corporation

Name, Address & Phone #'s of owner(s) _____

Name of Emergency Contact (if different than owner(s)) _____

Emergency #'s Phone: _____ Cell: _____ Fax: _____

Application is hereby made for a Food Handler's Certificate of Compliance to operate. By this application it is agreed that the establishment will comply with the provisions of the Adams County Retail Food Sanitation Ordinance applicable to this type of food handling establishment. It is further agreed that said food service establishment shall be open to inspection by the Adams County Health Department.

Signature of Owner(s) _____
Date

Office Use Only

TYPE OF BUSINESS

01	Restaurant	11	Retail Confectionery
02	Tavern with Food Preparation	12	Retail Bakery
03	Tavern with Prepackaged Food Only	13	Retail Fruit & Vegetable Market
04	School Food Service	14	Catered – Serving Location
05	Institutional Food Service	15	Day Care
06	Snack Bar	16	Bed & Breakfast
07	Mobile Food Operation	17	Caterer
08	Food Vending Commissary	18	Conv. Store With Food Preparation
09	Retail Food Store	19	Club or Fraternal Organization
10	Retail Fish Market	20	Other:

RISK ASSESSMENT

___ High (Category I)

___ Medium (Category II)

___ Low (Category III)

Certificate of Compliance Number _____

Amount _____

Date: _____

Check _____

Cash _____