

# Schuyler County Health Department

## APPLICATION FOR LICENSE RENEWAL TO OPERATE A FOOD ESTABLISHMENT

Please fill out this form completely and correctly to renew your food license (please print).

Name of Establishment: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Owner of Establishment: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Personnel: \_\_\_\_\_ Phone Number \_\_\_\_\_

*(If your business is not one that is open daily, and is a venue used for multiple events, please list the name of the main contact person that can be reached if any problems or questions arise.)*

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### Please list all food service handlers on staff and their license number:

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

### Please list any other names of employees that may be left in charge of daily activities:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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### Type of Establishment:

- |                         |                         |
|-------------------------|-------------------------|
| _____ Restaurant        | _____ Grocery store     |
| _____ Tavern w/ kitchen | _____ Tavern            |
| _____ Deli/bakery       | _____ School cafeteria  |
| _____ Bread of Love     | _____ Convenience store |
| _____ Nursing Home      | _____ Daycare           |
| _____ Other: _____      |                         |

Days of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

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List all other food events that you may be participating in throughout the year (i.e. festivals, fairs, burgoos, etc.):

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**Changes since last issued permit:**

Menu Changes: \_\_\_\_\_

Staff/Manager Changes: \_\_\_\_\_

Remodel/Expansion: \_\_\_\_\_

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Most recent category assessment for your facility: \_\_\_\_\_ Class 1 \_\_\_\_\_

Fee for your establishment for 2013-2014: \_\_\_\_\_ \$100.00 \_\_\_\_\_

Signature of Owner/Operator: \_\_\_\_\_

**Send completed form and fee to:**

Schuyler County Health Department  
233 North Congress  
Rushville, IL 62681.  
Attention: Environmental Health