



Winnebago County

Health Department

555 North Court Street, Rockford, IL 61103
Mail to: P.O. Box 4009, Rockford, IL 61110-0509
Phone: (815) 720-4100 Fax: (815) 720-4203
Email: environmental@publichealth.wincoil.gov
Website: publichealth.wincoil.gov

FOR OFFICE USE ONLY	
Date:	_____
Amt. Rec'd:	_____
Check/Cash/Credit/E-PAY:	_____
Receipt No.:	_____
Permit No.:	_____

Application for Food and Beverage Permit

Food and Beverage Permits are **non-transferable** and **non-refundable**. Instructions for application processing are on the next page. Please read carefully to ensure that the information you provide is complete and accurate. **MOBILE VENDORS should have a mobile unit specific application.**

Facility Name: _____ Facility Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Ext. _____ Fax Number: _____
 Email: _____ Website: _____

Water Service: City Private Well (if **Private Well**, submit copy of coliform and nitrate tests taken within the last 12 months)
 Sewer Service: City Septic (if **Septic**, submit most recent pumping receipt)

Seasonal: Yes No (if **Seasonal**, submit dates: OPENING DATE: _____ CLOSING DATE: _____)

Catering: Yes No

Certified Food Protection Manager: _____ Certificate #: _____ Expiration Date: _____

Days of Week Open: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Opening Time: _____

Owner: _____ Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Mail Permit To: _____ Address: _____

City: _____ State: _____ Zip Code: _____

I the *Applicant*, hereby state I am familiar with the provisions of the Health Ordinance of Winnebago County and that I will operate this establishment in compliance with said provisions at all times.

Applicants Signature: _____ Date: _____

FOR OFFICE USE ONLY

County Sanitarian Signature: _____ Date: _____

Submit completed application, supporting documents, and registration fee to the Winnebago County Health Department by one of the following methods:
In Person: 555 N. Court St., Rockford IL · **Mail:** P.O. Box 4009, Rockford, IL 61110-0509 · **Email:** environmental@publichealth.wincoil.gov
 Fee may be paid with cash, check, card, or on E-PAY at: <https://publichealth.wincoil.gov/how-do-i/get-a-permit-or-license/>

APPLICATION INSTRUCTIONS: Fill out application in its entirety and return it to the Winnebago County Health Department (WCHD) together with the required fee based on the fee schedule below. Delays in permit mailing may be the result of an incomplete permit application form. Make checks payable to **WCHD**. If the establishment is owned by a corporation. The names and addresses of the corporation officers **must be provided**.

FOR NEW OWNER OR NEW FACILITY: **Review of the facility, menu and operation is required**, therefore, the **application must be pre-approved by a Health Inspector prior to submitting any payment**. **WARNING: Refund may not be granted for any payment without a pre-approved application.**

The table below shows the date range for when each type of permit is valid.

Permit Type	Permit Start Date	Date Permit Expires
High Risk	April 1 st	March 31 st
Medium Risk	July 1 st	June 30 th
Low Risk	October 1 st	September 30 th

Below are the due dates for the renewal application for each type of permit.

A late fee shall be assessed if the renewal application and applicable fees are not received or postmarked by the 1st late fee date as described in the table below. A second late fee will be assessed if the renewal application and applicable fees are not received or postmarked by the 2nd late fee date as described in the table below.

Renewal Applications		1st Late Fee Date:	2 nd Late Fee Date:	Penalty/ Late Fee
Permit Type	Due Date			
High Risk	APRIL 1	APRIL 15	MAY 15	\$75.00 EACH
Medium Risk	JULY 1	JULY 15	AUGUST 15	\$75.00 EACH
Low Risk	OCTOBER 1	OCTOBER 15	NOVEMBER 15	\$25.00 EACH

FEE SCHEDULE and CLASSIFICATION

Regardless of whether consumption is on, in or off the premises or if there is a charge for the food, a food permit is required. This provision excludes private homes where food is prepared for individual family consumption.

High Risk (Category I) – Fee as determined in chart below

A High Risk permit is required for all establishments where food is prepared for individual service as described below and where potentially hazardous food(s) are:

Seating 0-50	\$500.00
Seating 51-100	\$555.00
Seating 101-150	\$605.00
Seating 151-200	\$655.00
Seating 200+	\$710.00
All schools and nursing homes will be charged a flat fee of \$500.00	

1. Extensively handled, completely prepared, and cooled;
2. Held hot or cold for twelve hours or more before serving;
3. Reheated after previously having been cooked and cooled,
4. Prepared for off-premises service;
5. Required to have time-temperature controls;
6. Sealed in reduced oxygen packaging;
7. Served to predominately immune-compromised populations.

Medium Risk (Category II) - \$285.00

A Medium Risk permit is required for all establishments that hold hot or cold foods: where food is prepared for individual service as described below and where potentially hazardous food(s) are:

1. Held for not more than twelve hours before serving.
2. Not reheated;
3. Prepared foods for service from raw ingredients using only minimal assembly;
4. Obtained from an approved source in a prepared state when complex preparation is required.

Low Risk (Category III) - \$170.00

A Low Risk permit is required for all establishments having only pre-packaged foods and/or dispensed beverages.

If you have any questions regarding the risk level or type of permit you should apply for, please contact WCHD at 815-720-4100.

- **DO NOT** change your risk level without consulting WCHD first. (815) 720-4100.
- Permits **WILL NOT** be issued until, all current and outstanding fees are received.