## PERRY COUNTY HEALTH DEPARTMENT

# P.O. Box 49, 907 South Main Street/Pinckneyville, IL 62274

**2022 FOOD SERVICE CERTICATE OF COMPLIANCE**

### APPLICATION

**Name of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Responsible Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner’s Name:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Business** | **Mailing (if different)** | **Owner** |
| **Phone Number** |  |  |  |
| **Address** |  |  |  |
| Email |  |

#### HOURS OF OPERATION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day of Week** | **SUN** | **MON** | **TUES** | **WED** | **THURS** | **FRI** | **SAT** |
| **Hours of Operation** |  |  |  |  |  |  |  |

**CERTIFIED FOOD MANAGER**

if more room is needed please use additional pages

|  |  |  |
| --- | --- | --- |
| **NAME ON CERTIFICATE** | **I.D. NUMBER (ISSUED BY IDPH)** | **EXPIRATION DATE ON CERTIFICATE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

NAME OF ESTABLISHMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFIED FOOD HANDLERS**

if more room is needed please use additional pages

|  |  |  |
| --- | --- | --- |
| **NAME ON CERTIFICATE** | **I.D. NUMBER (ISSUED BY IDPH)** | **EXPIRATION DATE ON CERTIFICATE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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**Please read and answer carefully the following questions based on food handling practices at your facility [Potentially hazardous Foods (PHFs) are any foods that have animal origin such as meat, poultry, eggs, milk, cheese, yogurt, etc.]**

1. **Do you prepare food such as soups, meats, seafood, poultry, and/or eggs more than 2 hours in advance of serving?**

**Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Do you cook food such as roast, soups and/or other PHF’s one or more**

 **days in advance of serving, then reheat these foods per order?**

 **Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Do you only use prepackaged foods such as Landshire sandwiches,**

**Tombstone pizzas, and/or canned/bottled beverages?**

 **Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF ESTABLISHMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **If you serve items such as soup, salads, and/or sandwiches are these items**

**made at your food establishment, or are they bought ready –made from an approved facility?**

 **Your Establishment\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved Facility\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Do you perform vacuum packaging?**

**Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Do you sell raw, uncooked meats?**

**Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application is hereby made for a Food Service Establishment to operate. By this application it is agreed that the establishment will comply with the provisions of the Food Sanitation Code. It is further agreed that said food service establishment shall be open to inspection by the Perry County Health Department.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Owner (s) Date**