

Peoria City/County Health Department

Health Protection Division Environmental Health

Peoria City/County Health Department Application for Food Safety License

The undersigned hereby makes application for a permit to operate a Food and/or Beverage Establishment and/or Retail Food Establishment in the County of Peoria.

Establishment:	□ New	☐ Renewal	☐ Change of Ownership	
Name:				
City:			ILLINOIS Zip Code	
Phone:		FAX:	Email:	
Licensee:			Phone:	
Contact Person:			Phone:	
Address:				
			Zip Code	
FAX:		Email:		
Send corresponden	ce to:	□ Establishment	□ Licensee	
Manager:			Phone:	
Type of Establishm	ent:			
☐ Restaurant		Bar/Tavern	□ School	
☐ Retail		Bed & Breakfast	□ Daycare	
☐ Mobile ☐ Concession Star		Long Term Care Facility Other	☐ Seasonal	
•	_	☐ Semi-Private Well		
Sewage Disposal:	□ Public	☐ Private (Septic Sy	stem)	
Does this establish	ment cater?		□ Yes	□ No
Permit Fees are ba	sed on Risk C	Category.		
Annnual License			Seasonal License	
☐ Category I			☐ Category I	
☐ Category II			☐ Category II	
☐ Category III			□ Category III	
□ Non-Profit/Non-	0 0		□ Non-Profit/Non-Chargingfe	
Certified Food Man	ager (Required	d for Category I and II) I	ist Additional Certificate Holders on E	3ack
			Expiration Date:	
Name:		ID#:	Expiration Date:	
I affirm that	the above in	formation is true to	the best of my knowledge and bo	elief:
Licenses Cianatures			Data	