___ NEW APPLICATION
___ ANNUAL RENEWAL

ROCK ISLAND
ILLINOIS

CITY OF ROCK ISLAND

FOOD AND BEVERAGE PERMIT APPLICATION

ANNUAL FEE: DETERMINED BY THE SQUARE FOOTAGE OF FLOOR SPACE IN THE ESTABLISHMENT. LICENSES FOR FOOD SERVICE ESTABLISHMENTS AND RETAIL FOOD STORES ARE VALID FOR A PERIOD OF ONE YEAR FROM THE DATE OF ISSUANCE.
MAKE CHECKS PAYABLE TO THE CITY OF ROCK ISLAND.

_ 3,001 SQUARE FEET AND OVER----------$ 300.00
_ 2,001 TO 3,000 SQUARE FEET----------$ 250.00
_ 2,000 SQUARE FEET OR LESS----------$ 200.00
_ MOBILE FOOD UNITS AND RETAIL SALES UNITS ----------$ 80.00
_ BED AND BREAKFAST----------$ 25.00
_ SEASONAL CONCESSION STANDS (POTENTIALLY HAZARDOUS FOOD)----------$ 70.00
(NON-POTENTIALLY HAZARDOUS FOOD)----------$ 40.00
_ SCHOOLS AND RECOGNIZED CHURCHES---------- $ 50.00

(BOTH FRONT AND BACK OF THIS APPLICATION MUST BE FILLED OUT)

ESTABLISHMENT NAME: _____

ADDRESS: _____

TELEPHONE: _____

IL TAX ID # _____

E-MAIL ADDRESS: _____
* PLEASE PROVIDE E-MAIL ADDRESS IN ORDER TO RECEIVE INFORMATION REGARDING FOOD SAFETY.

CONTACT PERSON IN CHARGE OF DAILY OPERATIONS OF BUSINESS:

NAME: _____ TELEPHONE: _____

NAME OF INDIVIDUAL CERTIFIED WITH THE STATE OF ILLINOIS IN FOOD SERVICE SANITATION:

NAME: _____ CERTIFICATE NUMBER: _ _____

TYPE OF FOOD/BEVERAGE SERVICE ESTABLISHMENT

____	RESTAURANT	____	DELI
____	TAVERN/LIQUOR STORE	____	GROCERY/MEAT MARKET
____	RETAIL BAKERY	____	CHURCH/SCHOOL
____	BED & BREAKFAST	____	SEASONAL
____	MOBILE FOOD UNIT	OTHER: _____	

(REVERSE SIDE MUST BE COMPLETED)

APPLICATION MADE BY: _____ INDIVIDUAL
_____ PARTNERSHIP
_____ FIRM OR CORPORATION

NAME: _____

ADDRESS: _____

TELEPHONE: (____)_____

IT IS UNLAWFUL FOR ANY PERSON TO OPERATE A FOOD SERVICE ESTABLISHMENT OR RETAIL FOOD STORE WITHIN THE CITY OF ROCK ISLAND, WHO DOES NOT POSSESS A VALID LICENSE ISSUED TO SUCH PERSON BY THE HEALTH AUTHORITY. ONLY A PERSON WHO COMPLIES WITH THE E REQUIREMENTS OF THE FOOD AND BEVERAGE ORDINANCE SHALL BE ENTITLED TO RECEIVE OR RETAIN SUCH A LICENSE. A LICENSE IS NOT TRANSFERABLE FROM ONE PERSON TO ANOTHER; NOR SHALL A LICENSE BE APPLICABLE TO ANY LOCATIONS, BUILDINGS OR PLACES OTHER THAN THAT FOR WHICH IT IS ISSUED. A VALID PERMIT SHALL BE POSTED IN EACH FOOD SERVICE ESTABLISHMENT OR RETAIL STORE.

I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, AND THAT THE FOOD ESTABLISHMENT WILL COMPLY WITH THE HEALTH CODE OF THE CITY OF ROCK ISLAND.

_____ _____
SIGNATURE OF APPLICANT DATE OF APPLICATION

(FOR OFFICE USE ONLY)

APPLICATION HAS BEEN: ____ ACCEPTED ____ DENIED

_____

_____

_____

_____ _____
HEALTH INSPECTOR DATE OF APPROVAL/REJECTION

RECEIPT #: _____ AMOUNT: _____
001-000 321.32122

CHECK #: _____ LICENSE #: _____

_____
HEALTH INSPECTOR
(PROCESS APPLICATION FEE)

CITY OF ROCK ISLAND INSPECTION DEPARTMENT
1528 3RD AVENUE, ROCK ISLAND, IL 61201 (309) 732-2915