



Public Health
Prevent. Promote. Protect.

Rock Island County
Health Department

License valid for 1 year from this date

IS _____

FOOD SERVICE ESTABLISHMENT AND RETAIL STORE LICENSE APPLICATION

Name & Address of Business _____

*Mail License to _____

Name, address, and phone numbers of Owner(s) _____

❖ **IMMEDIATELY NOTIFY THE HEALTH DEPARTMENT IF THE FACILITY EXPERIENCES A POWER OUTAGE, FLOOD, FIRE, BOIL ORDER, SEWAGE BACK UP, OR FOODBORNE ILLNESS COMPLAINT**

****AFTER HOURS REPORTING CALL (309)-794-7080 ****

❖ **CALL THE HEALTH DEPARTMENT IF THERE WILL BE ANY CHANGES TO EQUIPMENT, OPERATIONS, MENU, OR PLANS TO REMODEL 309-558-2840**

E-Mail _____ Fax _____

Type of business _____

Dates and hours of operation _____

Responsible Manager _____ Phone _____ Cell _____

*Name and Certification ID # of Certified Food Protection Manager(s)

*List employee(s) who have completed the Illinois Food Handlers Program _____

***HAVE A COPY OF ALL FOOD CERTIFICATIONS AVAILABLE AT YOUR FACILITY**

Application is hereby made for a Food Service Establishment or Retail Food Store to operate within Rock Island County, Illinois. By this application it is agreed that the establishment will comply with the provisions of the Rock Island County Food Service Sanitation Ordinance applicable to this type of food handling establishment. It is further agreed that said food service establishment shall be open to inspection by the Rock Island County Health Department during normal working hours.

Signature of Owner(s)

Date

Note: A license will be issued when a satisfactory inspection has been completed. Licenses are not transferable as to persons or places. Licenses shall be posted conspicuously in the establishment.

HEALTH DEPARTMENT
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