



**Public Health**  
Prevent. Promote. Protect.

Rock Island County  
Health Department

License valid for 1 year from this date

\$ \_\_\_\_\_

**FOOD SERVICE ESTABLISHMENT AND RETAIL STORE LICENSE APPLICATION**

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip Code

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**  
Rock Island County, Illinois  
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