



Public Health
Prevent. Promote. Protect.

Peoria City/County Health Department
Health Protection Division
Environmental Health

Peoria City/County Health Department Application for Renewal of 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:

Name: _____

Address: _____

City: _____ ILLINOIS Zip Code _____

Phone: _____ FAX: _____ Email: _____

Licensee: _____ Phone: _____

Contact Person: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code _____

FAX: _____ Email: _____

Send correspondence to: Establishment Licensee

Manager: _____ Phone: _____

Type of Establishment:

- Restaurant Assisted Living Corrections Facility Mobile
- Bar/Tavern Bed & Breakfast Farmers' Market Satellite Food Distribution
- Retail Catering Hospital Seasonal
- Daycare Commissary Lodging Other: _____
- School Concession Stand Long Term Care Facility _____

Days and Hours of Operation: _____

Water Supply: Public Semi-Private Well Non-Community Well

Sewage Disposal: Public Private (Septic System)

Does this establishment cater? Yes..... No

Certified Food Manager (Required for Category I and II) *List Additional Certificate Holders on Back*

Name: _____ ID#: _____ Expiration Date: _____

Name: _____ ID#: _____ Expiration Date: _____

I affirm that the above information is true to the best of my knowledge and belief:

Licensee Signature: _____ Date: _____