MCHENRY COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
2200 NORTH SEMINARY AVENUE
WOODSTOCK, ILLINOIS 60098
PH: 815-334-4585
FAX: 815-334-4637
WEBSITE: www.mcdh.info

OFFICE USE ONLY	STAFF INITIALS:
DATE RECEIVED:	
CHECK # / CASH / CREDIT CARD:	
AMOUNT RECEIVED:	
RECEIPT NUMBER:	
SITE NUMBER:	

SUPPLEMENTAL OUTDOOR GRILLING HEALTH PERMIT APPLICATION

Permit Year: May 1 to April 30

ESTABLISHMENT INFORMATION

Establishment Name:		
Establishment Address:		
Mailing Address		☐ Check box if same as establishment address
Telephone Number:		
Email Address:		

OWNER/ OPERATOR INFORMATION

Owner/ Operator: **(Corporation name, Partnership, Etc.*)**	
Address:	
Telephone Number:	
Email Address:	

If the establishment is owned by a corporation or partnership, provide officer's or partner's name(s) in the section below.

Name	Address	Phone

BUILDING OWNER INFORMATION

Owner Name:	
Owner Address:	

RISK CLASSIFICATION:

☐	**Category One**	**Foods with extensive or complicated preparation, high risk foods or high-risk operations.** Examples: ribs, barbeques, chicken, pig roasts, pizza, shish kabobs, smoked meats
☐	**Category Two**	**Foods with limited preparation or handling.** Examples: hot dogs, hamburgers, brats, corn on the cob

CERTIFIED FOOD PROTECTION MANAGER

All Category I & II Risk Establishments must have a Certified Food Protection Manager onsite during all hours of operation.

Name	I.D. Number	Expiration Date

OPERATIONS

Day(s) of Operation: _____	Hours of Operation: _____

OUTDOOR GRILLING

Grilling Menu:			
How will food be held prior to grilling?			
Location of Grill		**Grill Make/ Model:**	
Surface Under Grill:		**NSF/ ANSI Approved?**	☐ Yes ☐ No
Barrier Separating Public Access:		**Dumpster Location:**	
Hand Sink Location:			
	☐ Hot & cold water under pressure and plumbed to approved wastewater disposal system and in close proximity to grilling area		
Washroom Location:			

Outdoor Refrigeration Make/ Model:		
Food Protection During Grilling: (ie: roof, canopy, grill cover, etc.)		
All other foods prepared/ held/ served in establishment?	☐ Yes	☐ No
Additional seating proposed?	☐ Yes	☐ No
Number of Additional Seats:		

WATER SOURCE

☐ Municipal	☐ Privately Owned Community	☐ Non-Community	☐ Semi-Private Well

WASTEWATER

☐ Municipal	☐ Shared Onsite Wastewater Treatment System
☐ Private Onsite Wastewater Treatment system	☐ Other IEPA Permitted Wastewater Treatment System

Applicant hereby states he/she is familiar with the provisions of the Health Ordinance of McHenry County and that he/she will operate this establishment in compliance with said provisions at all times.

Applicant Signature & Print: _____ **Date:** _____