



# APPLICATION FOR FOOD LICENSE

## City of Moline

### License Year: May 1<sup>st</sup> – April 30<sup>th</sup>, of every year

**Application Type:**

- New
- Change Of Ownership
- Other: \_\_\_\_\_

**Select the Type of Business:**

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Bakery         | <input type="checkbox"/> Bar               | <input type="checkbox"/> Catering    |
| <input type="checkbox"/> Coffee Shop    | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Day Care    |
| <input type="checkbox"/> Deli           | <input type="checkbox"/> Food Pantry       | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Mobile Unit       | <input type="checkbox"/> Pre School  |
| <input type="checkbox"/> Rental Room    | <input type="checkbox"/> Restaurant        | <input type="checkbox"/> Retail      |
| <input type="checkbox"/> School         | <input type="checkbox"/> Other: _____      |                                      |

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_

Establishment Hours of Operation: \_\_\_\_\_

State sales tax ID: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Send license to** — (This is where the license will be mailed upon renewal)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**\*Complete the Risk Assessment on the next page\***

License cannot be issued until completed.

**CERTIFIED FOOD PROTECTION MANAGERS**

**Fee Schedule (Check One)**

**Food Establishment:**

- \$400 Category I (High Risk)
- \$300 Category II (Medium Risk)
- \$150 Category III (Low Risk)

**Mobile Units:**

- \$150 Category I (High Risk)
- \$125 Category II (Medium Risk)
- \$100 Category III (Low Risk)

**Commissary:**

- \$400 Host Kitchen (serving more than 3 businesses)
- \$150 Category I (High Risk)
- \$125 Category II (Medium Risk)
- \$100 Category III (Low Risk)

**Multi Event Temporary (i.e. Mercado on 5th):**

- \$200 Multi-Event (Max. 20 Events)
- \$150 Multi-Event (Max. 20 Events) (ONLY pre-packaged, Non PHFs)

**Concession Stands:**

- \$125 Seasonal (6 Months)
- \$75 Seasonal (6 Months) (ONLY pre-packaged, Non PHFs)
- \$175 Annual
- \$125 Annual (ONLY pre-packaged, Non PHFs)
- \$0 Schools (ONLY Public Schools)

**Kiosks:**

- \$100 Kiosk
- \$40 Kiosk (ONLY pre-packaged, Non PHFs)
- \$75 Customer Convenience Counter

(1) \_\_\_\_\_  
Name ID#

Company/ Program Expiration Date

(2) \_\_\_\_\_  
Name ID#

Company/ Program Expiration Date

**\*Attach All Food Manager and Food Allergen Certificates to this Application.**

**Note:** Category I and Category II facilities must have a certified food protection manager present during all operating hours.

**SUBMIT ALL PAGES OF THE APPLICATION AND PAYMENT TO:**

City of Moline – Finance Department  
1630 8<sup>th</sup> Avenue  
Moline, IL 61265  
(309)-524-2070

Building owner: \_\_\_\_\_  N/A

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Permit Holder: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR LOCATION\*\***

**OFFICE USE ONLY**

The above referenced facility has been approved to operate in accordance with the Illinois Food Code and Chapter 14 of the City of Moline Ordinances.

Yes

No

\_\_\_\_\_

Health Authority Signature

**Note:** On first application, payment of license fee does not entitle applicant to operate. **Premises shall be inspected and approved by the Health Authority before a license will be issued.**

*\*Any person failing to obtain a license prior to operating any type of food service establishment or any type of retail food sales shall be assessed two (2) times the applicable fee in addition to any other fine, penalty or cost assessed for violating the ordinance.*

# Risk Assessment

Please complete the assessment below by marking "Yes" or "No" to the statements. Once completed, indicate the category scored below and sign.

## Definitions:

TCS Food:	Food that requires time or temperature control (i.e. refrigeration) to limit bacteria growth or toxin formation.
RTE Food:	Food in a form that is edible without additional preparation.
Cooling:	Rapid removal of heat to prevent bacteria growth.

- | <u>Yes</u>            | <u>No</u>   |
|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> Extensive handling of raw ingredients and RTE foods.  |
| <input type="radio"/> | <input type="radio"/> Complex preparation including cooking, cooling, reheating and hot holding that involves TCS foods.                |
| <input type="radio"/> | <input type="radio"/> Serving highly susceptible populations (infants, elderly, immunocompromised, etc.).                               |
| <input type="radio"/> | <input type="radio"/> Specialized processes are being used (e.g. Smoking, curing, and reduced oxygen packaging for extended shelf life) |



If "Yes" was selected, business qualifies as a **Category 1**, please skip to the bottom

If "No" was selected for all statements, please continue:



- | <u>Yes</u>            | <u>No</u>   |
|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> Most products are prepared/cooked and served immediately.                               |
| <input type="radio"/> | <input type="radio"/> Hot or cold holding is restricted to same day service.                                  |
| <input type="radio"/> | <input type="radio"/> Complex Preparation of TCS foods requiring cooking, is limited to only a few TCS foods. |



If "Yes" was selected, business qualifies as a **Category 2**, please skip to the bottom

If "No" was selected for all statements, please continue:



- | <u>Yes</u>            | <u>No</u>  |
|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> Only serve or sell pre-packaged, non-TCS foods.  |
| <input type="radio"/> | <input type="radio"/> TCS foods are commercially pre-packaged in an approved processing establishment.       |
| <input type="radio"/> | <input type="radio"/> Prepare only non-TCS foods and beverages such as snack foods and carbonated beverages. |
| <input type="radio"/> | <input type="radio"/> Only beverages are served (alcoholic or non-alcoholic).                                |



If "Yes" was selected, business qualifies as a **Category 3**

\_\_\_\_\_ qualifies as a Category \_\_\_\_\_.  
*Business Name*

Applicant: \_\_\_\_\_  
*Print*

\_\_\_\_\_  
*Signature*



# PREPARED FOOD AND LIQUOR TAX RETURN

## Municipal Code Ordinance 31-7100

Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

\_\_\_ Check here if above information is updated/changed

Federal I.D. Number: \_\_\_\_\_

Return Filed for Month/Year: \_\_\_\_\_

1. Total Receipts from the sale of alcoholic liquor	\$
2. Total Receipts from the sale of prepared food & non-alcoholic beverages	\$
3. Total Gross Receipts	\$
4. 1.5% Prepared Food & Liquor Tax (Line 3 x 0.15)	\$
5. Late Filing Penalty (Line 4 x 0.15) 1.5% per month	\$
6. Total Amount of Tax and Penalty Due (Add Lines 4 and 5)	\$
7. Total Amount Paid (If Different from Line 6 – Total Amount Due)	\$

**INSTRUCTIONS FOR FILING:**

- TAX AMOUNT:**            The tax rate is 1.50% sales of prepared food and liquor
- DUE DATE:**             Monthly return is due no later than the last day of each calendar month, for tax owing for the previous month.
- PENALTY:**                Late changes are calculated at the rate of one and one-half percent (1.5%) per thirty (30) day period, or portion thereof, from the date of delinquency.

**REMITTANCE:**            **Make checks payable and remit to:**            **City of Moline**  
**Attn: PF-LT**  
 1630 8<sup>th</sup> Avenue  
 Moline, IL 61265  
 (309) 524-2070  
 www.moline.il.us

**Please include a copy of your State Form ST-1 & ST-2 Form**

I certify under the penalty as prescribed by law that I have examined this return and, to the best of my knowledge, it is true and accurate.

Signature of Preparer: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_