Public Health
Prevent. Promote. Protect.

JO DAVIESS COUNTY HEALTH DEPARTMENT

9483 US RT. 20 WEST • P. O. BOX 318 • GALENA, ILLINOIS 61036 • (815) 777-0263

Application for Bed and Breakfast Establishment License

Bed and Breakfast Name: _____

Address: _____

City, State, Zip: _____

Name of Owner(s): _____

Mailing Address (If different than above): _____

_____

Phone: _____

Fax: _____

Email: _____

Owner's Agent (If applicable): _____

Phone: _____

Email: _____

Number of Guest Rooms: _____

Food Service Sanitation Manager: _____

Certificate Number: _____

Expiration Date: _____
(Please attach copy of all certificates)

Food Handler: _____

Certificate Number: _____

Expiration Date:_____
(Please attach copy of all certificates)

Type of Water Supply: Public _____ Private _____

If private, date of most recent safe water sample: _____
(Please attach copy of the report. Must be tested annually)

Type of Sewage Disposal System: Public _____ Private _____

If private, date of most recent pumping: _____
(Please attach copy of the report. Must be pumped every 3 years)

Certificate of Liability insurance attached: Yes _____ No _____
(minimum of $150,000.00/$300,000.00 liability insurance)

Fire District: _____

Special Use Permit obtained: Yes _____ No _____
(From JDC Building and Zoning Department)

Signature of applicant: _____

Date: _____

Signature of applicant: _____

Date: _____