

APPLICATION TO OPERATE A SEASONAL FOOD SERVICE ESTABLISHMENT

Important please read!
 This application must be filled out completely and fees attached before your license will be processed. If it is not filled out completely, it will be mailed back to you.

Vendor/Business Information:

Name of Vendor/Business: _____

Address: _____

Phone Number: _____

Water Supply: (X one) Public _____ Private Well _____

Sewer: (X one) Public _____ Private Septic _____

Manager/Person in Charge Name: _____

Manager/Person in Charge Phone Number: _____

Start Date: ____/____/____ End Date: ____/____/____

Hours of operation, or you may attach a schedule:

Mondays _____	Saturdays _____
Tuesdays _____	Sundays _____
Wednesdays _____	
Thursdays _____	
Fridays _____	

Menu Items	Source (where menu items/ingredients are purchased)

IL Certified Food Service Manager Name	Identification Number	Expiration Date

*Per the 2009 Illinois Department of Public Health Food Service Sanitation Code, section 750.540, all Class XIII and XIV facilities shall have a minimum of one certified food manager on the premises **at all times** while potentially hazardous food is being handled.

Owner Information:

Owner Name: _____

Owner Address: _____

City

State

Phone Number: _____

Mailing/Billing Information:

"Below is the address that all of the mailings/billings from Sangamon County Department of Public Health are to go to. If at anytime this address changes, it is my responsibility to notify Sangamon County Department of Public Health."

_____ initials of person filling out form

Name of Person responsible for Receiving Billings & Mailings: _____

Mailing/Billing Address: _____
City

Phone Number: _____

License Fees:

_____ Class XIII	Seasonal	\$215.00	
_____ Class XIV	Not-for-Profit Seasonal	\$0.00	Tax Exempt # _____

*To assure timely permit processing, please submit permit application and payment **two weeks** before start date.

Critical Violation & Re-inspection Fees:

Uncorrected Critical Violation Fee	\$25.00
First Re-inspection Fee	\$75.00
Second Re-inspection Fee	\$100.00
Third Thru Fifth Re-inspection Fee	\$150.00
Sixth or more Re-inspection Fee	\$200.00 plus the following year's license fee increases by 50%

Late Fees:

"I understand that if I do not pay my license fee by the due date, I will be assessed a late fee as stated below."

_____ initials of person filling out form

Late fee for establishment permitted on site add \$31.00 to the permit fee.

By signing this application you are stating that all of the information on the front and back of this form is true and correct, and that if there are any changes to this information you are responsible for notifying the Sangamon County Department of Public Health of the changes in a timely manner.

Signature of Applicant x _____ Date _____

For Official Use Only

Inspection Date: _____/_____/_____

Director of Environmental Health: _____

Approval Date: _____/_____/_____

Director of Public Health: _____

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