



## FOOD SERVICE APPLICATION

NAME OF ESTABLISHMENT \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ TOWN, STATE, ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TOWN, STATE, ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

OWNER OF BUSINESS \_\_\_\_\_

ESTABLISHMENT TAX ID # \_\_\_\_\_

WATER SOURCE \_\_\_\_\_ TRASH SERVICE \_\_\_\_\_

DAYS AND HOURS OF OPERATION \_\_\_\_\_

GREASE TRAP PRESENT: YES NO GREASE PUMPER \_\_\_\_\_

PEST CONTROL CO. \_\_\_\_\_ FREQUENCY \_\_\_\_\_

DO YOU CATER FROM THIS ESTABLISHMENT? \_\_\_\_\_

LIST PRIMARY FOOD SUPPLIERS: \_\_\_\_\_

CERTIFIED FOOD PROTECTION MANAGERS (NOT FOOD HANDLERS)

NAME	ID #	EXPIRATION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF NEED MORE ROOM PLEASE ATTACH SEPARATE PAGE

**FILL THIS APPLICATION OUT COMPLETELY**

**CONTINUED ON BACK**

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

DATE \_\_\_\_\_ PERMIT # \_\_\_\_\_ CODE \_\_\_\_\_

AMOUNT \_\_\_\_\_ CASH \_\_\_ CHECK # \_\_\_\_\_ MONEY ORDER \_\_\_\_\_

**NOTE:** IF YOU ARE OPENING A NEW ESTABLISHMENT, CHANGING OR ASSUMING NEW OWNERSHIP OF AN EXISTING ESTABLISHMENT, OR PLAN TO RENOVATE AN EXISTING ESTABLISHMENT, YOU ARE **REQUIRED BY COUNTY ORDINANCE** TO NOTIFY THIS DEPARTMENT **IN ADVANCE**. PLANS MUST BE SUBMITTED AND REVIEWED FOR APPROVAL BY THE CHRISTIAN COUNTY HEALTH DEPARTMENT IN ADVANCE TO ASSURE THAT YOU HAVE ADEQUATE EQUIPMENT, SANITARY FACILITIES, AND ARE MEETING THE REQUIREMENTS OF THE CHRISTIAN COUNTY FOOD ORDINANCE.

PLANS FOR RENOVATIONS OR UPGRADING TO THE BUILDING, EQUIPMENT, OR MENU THIS YEAR. DESCRIBE:

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LIST NAMES OF PARTNERS, CORPORATE OWNERS, OR FIRM. INCLUDE ADDRESS AND PHONE # OF MAIN HEADQUARTERS:

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APPLICANT NAME: \_\_\_\_\_  
THIS IS FOR THE INDIVIDUAL FILLING OUT THIS FORM

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMERGENCY OR AFTER HOURS CONTACT #: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**I AFFIRM THE PREVIOUSLY STATED INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE RETURN COMPLETED FORM**  
**TO CHRISTIAN COUNTY HEALTH DEPARTMENT**  
902 W. Springfield Road  
Taylorville, IL 62568

Phone: 217-824-4113 ext 115