



**HEALTH PERMIT/CITY LICENSE APPLICATION**  
 TO OPERATE A SEASONAL FOOD SERVICE  
 WITHIN CHAMPAIGN COUNTY

<b>OFFICE USE</b>	
Iss _____	
Ent? _____	
Alt? _____	
Faxed _____	

**CHECK ONE:**

- Individual                       Corporation  
 Firm                                       Partnership

**Seasonal**

**PLEASE PRINT LEGIBLY**

**HEALTH PERMIT # \_\_\_\_\_**

Local trade name \_\_\_\_\_

Local address \_\_\_\_\_  
street city state zip

Billing name \_\_\_\_\_

Billing address \_\_\_\_\_  
street city state zip

Local phone \_\_\_\_\_ Other phone \_\_\_\_\_

Start date \_\_\_\_\_ Commissary location \_\_\_\_\_

Hours of operation *Mon* \_\_\_\_\_ *Tue* \_\_\_\_\_ **ILLINOIS BUSINESS TAX #** \_\_\_\_\_  
 (NOTE: This is an 8-digit sales tax number)  
*Wed* \_\_\_\_\_ *Thur* \_\_\_\_\_ *Fri* \_\_\_\_\_  
*Sat* \_\_\_\_\_ *Sun* \_\_\_\_\_

Name of Certified food handler \_\_\_\_\_

Home address \_\_\_\_\_  
street city state zip

Home telephone number \_\_\_\_\_ Title \_\_\_\_\_

Certified food handler's I.D. # \_\_\_\_\_ Expiration date \_\_\_\_\_

**← (OVER) →**

<b>FOR OFFICE USE ONLY</b>	
CCPHD Permit	\$ _____
City fee	\$ _____
City fee	\$ _____
Date received	_____

**CHAMPAIGN COUNTY PUBLIC HEALTH DEPARTMENT**  
**ENVIRONMENTAL HEALTH DIVISION**  
**201 W. KENYON ROAD**  
**CHAMPAIGN, IL 61820**

**PHONE: (217) 363-3269**  
**FAX: (217) 373-7905**  
**WWW.C-UPHD.ORG**

**MANAGERS**

1) \_\_\_\_\_  
name title

\_\_\_\_\_ home address (street, city, state, zip) home phone

2) \_\_\_\_\_  
name title

\_\_\_\_\_ home address (street, city, state, zip) home phone

**OWNERS/PARTNERS (please provide information for ALL owners/partners)**

\_\_\_\_\_ name title home address (street, city, state, zip) home phone

\_\_\_\_\_ name title home address (street, city, state, zip) home phone

\_\_\_\_\_ name title home address (street, city, state, zip) home phone

**SEASONAL PERMIT FEE**

\$125.00 (six-month permit)

I understand the issuance of this permit/license is conditional upon: (1) compliance with all applicable City Ordinances and (2) the results of any inspection of the above premises at the current time or any subsequent time during the period of time this permit/license is in force.

I hereby consent to inspection of the permitted/licensed premises by the Champaign County Public Health Department and applicable City personnel.

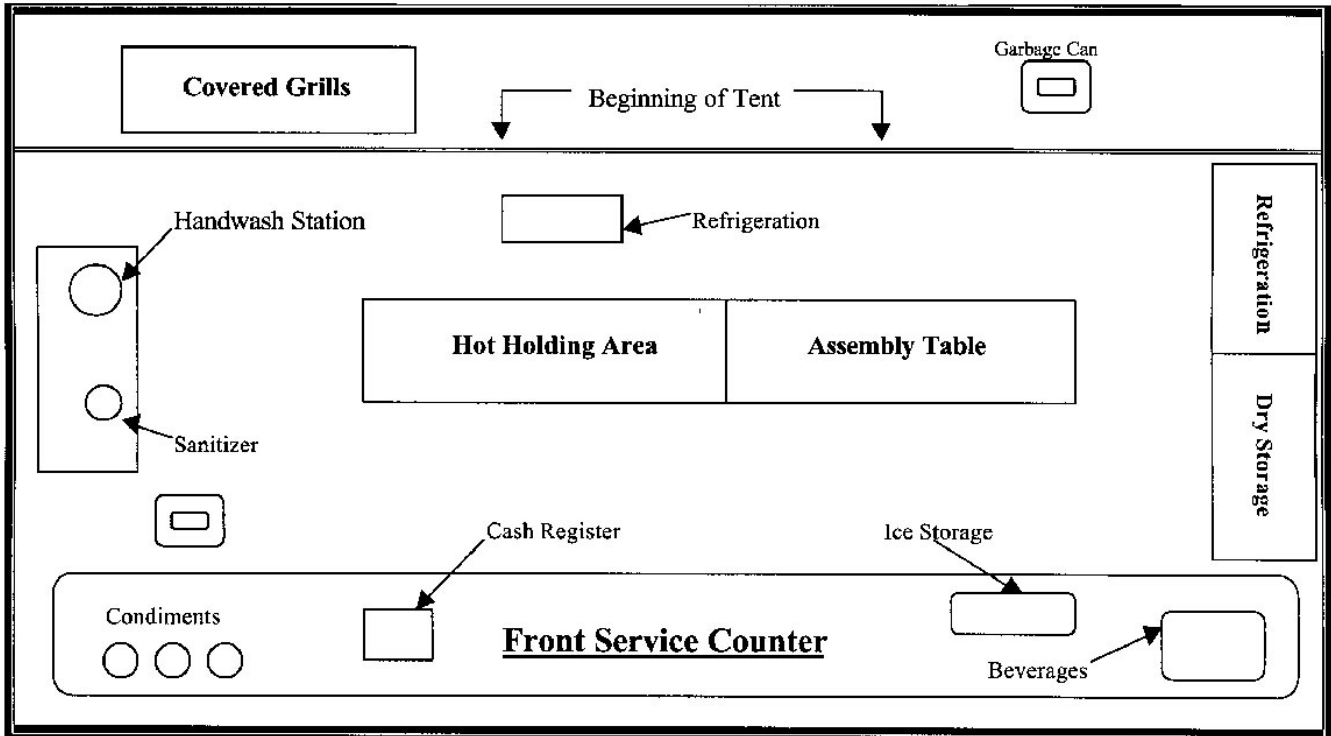
\_\_\_\_\_  
signature of applicant

\_\_\_\_\_  
title

\_\_\_\_\_  
print name

\_\_\_\_\_  
date

## EXAMPLE BOOTH LAYOUT



**PLEASE DRAW THE PROPOSED LAYOUT OF YOUR MOBILE FOOD UNIT OR FOOD BOOTH BELOW:**

(Indicate equipment location, handwashing location, type of overhead protection, etc.)

How will you dispense food to avoid consumer contamination (i.e., breath protectors, tables)?

**PLEASE LIST MENU ITEMS:**

Entrees

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Desserts

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Beverages (including ice)

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Other (including condiments)

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**PLEASE COMPLETE THE FOLLOWING CHART FOR THE FOOD ITEMS ON YOUR MENU:**

<b>FOOD ITEM</b>	<b>FOOD SOURCE</b> <i>How? Where?</i>	<b>THAW/CUT/ WASH/ ASSEMBLE</b> <i>Where?</i>	<b>COLD HOLDING</b> <i>How? Where?</i>	<b>COOK</b> <i>How? Where?</i>	<b>HOT HOLDING</b> <i>How? Where?</i>	<b>REHEATING</b> <i>How?</i>	<b>COMMERCIAL PRE- PORTIONED PACKAGE</b>

