

HEALTH PERMIT/CITY LICENSE APPLICATION
 TO OPERATE A SEASONAL FOOD SERVICE
 WITHIN THE MUNICIPALITIES OF
 CHAMPAIGN AND/OR URBANA, IL

OFFICE USE	
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) →

CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT
ENVIRONMENTAL HEALTH DIVISION
201 W. KENYON RD.
CHAMPAIGN, IL 61820

PHONE: (217) 373-7900
FAX: (217) 373-7905
WWW.C-UPHD.ORG

FOR OFFICE USE ONLY	
C-UPHD Permit	\$ _____
City of Champaign	\$ _____
City of Urbana	\$ _____
Date received	_____

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(S)

Champaign-Urbana Public Health District Health Permit – \$125.00 (six-month permit)
City of Champaign License Fee – \$20.00
City of Urbana License Fee – \$50.00 / \$55.00 (mobile)

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-Urbana Public Health District, City of Champaign personnel and/or City of Urbana personnel.

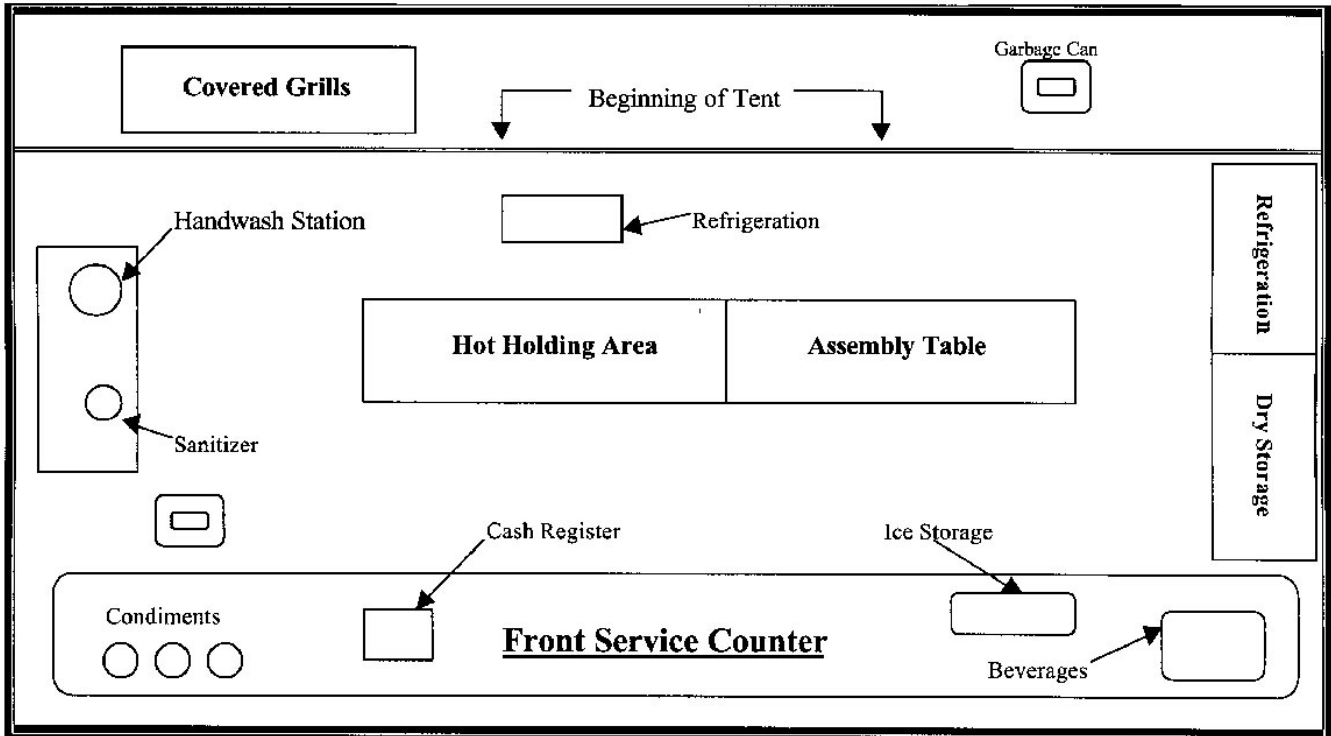
signature of applicant

print name

title

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

Desserts

Beverages (including ice)

Other (including condiments)

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

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

