RETAIL FOOD ESTABLISHMENT HEALTH PERMIT APPLICATION
TO OPERATE WITHIN CHAMPAIGN COUNTY, IL

Champaign County Public Health Department
Environmental Health Division
201 W. Kenyon Road, Champaign, IL  61820

Phone: (217) 363-3269
E-mail: eh@c-uphd.org

Incomplete applications will be returned. Please print legibly.

COMPLETE SECTION ONE:

Establishment Name (DBA)  
Health Permit #

Street Address (or Commissary Address, if Using)

City  
State  
Zip Code

Business Phone Number  
Business Fax Number

Business E-mail Address  
Illinois Business Tax Number (8-digit sales tax number from IL Dept. of Revenue)  
(Ex: 0000-0000)

COMPLETE SECTION TWO:

Operating/Open Days & Times for Offering/Selling/Serving Food/Drink (example: Fri 8am-4pm / Sat 6am-2pm)

In the past permit year, has your facility changed menu items or food handling practices?  
☐ Yes  ☐ No  ☐ Not Applicable - New Permit
If yes, please explain:

Food/Drink Business Owner Name (1)  
Phone Number (for business)  
E-mail Address (for business)

Food/Drink Business Owner Name (2)  
Phone Number (for business)  
E-mail Address (for business)

Food/Drink Business General Manager Name  
Phone Number (for business)  
E-mail Address (for business)

IS THERE A U.S. MAILBOX FOR YOUR BUSINESS AT THE ADDRESS LISTED ABOVE?  
☐ YES  ☐ NO

IF NOT, PROVIDE A MAILING ADDRESS BELOW. IF PROVIDED, IS THIS A HOME ADDRESS?  
☐ YES  ☐ NO

Business Name  
Attention  
Business Phone Number

Mailing Address (for business)  
City  
State  
Zip Code

IS THERE A DIFFERENT ADDRESS FOR PERMIT RENEWAL INVOICES? IF SO, LIST IT HERE:

Business Name  
Attention  
Business Phone Number

Invoice Address (for business)  
City  
State  
Zip Code

I understand that the issuance of this permit is conditional upon: (1) compliance with all applicable Champaign County Public Health Department 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 is in force. I hereby consent to inspection of the permitted premises by the Champaign County Public Health Department and applicable Champaign County/Village personnel.

Signature  
Printed Name  
Date

THIS SECTION FOR CCPHD USE ONLY:

CCPHD Permit  
Village License  
Cash/Credit/Check

Late  
Reinstatement  
Date Paid

Date Issued  
Entered in Datab?  
Date E-mailed

DHD