

FOOD SERVICE HEALTH PERMIT APPLICATION

TO OPERATE WITHIN CHAMPAIGN and/or URBANA, IL

Champaign-Urbana Public Health District Environmental Health Division 201 W. Kenyon Road, Champaign, IL 61820 Phone: (217) 373-7900 Fax: (217) 373-7905 E-mail: eh@c-uphd.org

Please print legibly									
FACILITY INFORMATION									
Facility Name							ŀ	Health Permit #	
Street Address									
City		State			Zip Code				
Business Phone Number			Business	s Fax Numbe	r				
Business E-mail Address			Illinois Business Tax Number (8-digit sales tax number from IL Dept. of Revenue)						
Business Hours (indicate all days & times of operation – example: Fri 8am-4pm / Sat 6am-2pm)									
OWNER & MANAGER INFORMATION									
Owner Name Phone Number (for busine			iness)	ess) E-mail Address (for business)					
General Manager Name Phone Number (for business)				E-mail Address (for business)					
LOCAL MAILING ADDRESS (if different from above)									
Business Name				Attention			Business Phone Number		
Address (for business)				City			State	Zip Code	
	PERMIT RENE	EWAL INVOICE AD	DRESS	(if differe	nt from ab	oove)			
Business Name				Attention Bu			Busines	ss Phone Number	
Address (for business)				City		State	Zip Code		
MISCELLANEOUS INFORMATION									
In the past permit year, has your facility changed menu items or food handling practices? ☐ Yes ☐ No									
If yes, please explain:									
I understand that the issuance of this permit/license is conditional upon: (1) compliance with all applicable Champaign-Urbana Public Health District and 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		Printed name					Date		
		FOR CUPHD OF	FICE US	SE ONLY					
CUPHD Permit \$		Late	\$			Date Issu	ıed		
City of Champaign \$		Reinstatement	\$			Entered i Alternate		b? □ □	
City of Urbana \$						DHD	Auu!		
Cash/Credit/Check		Date Paid				Date Fax	ed		



SIGNATURE OF APPLICANT

City Food License Application
TO OPERATE A FOOD SERVICE/TAVERN/RETAIL FOOD ESTABLISHMENT/MOBILE FOOD VENDING WITHIN THE MUNICIPALITIES OF CHAMPAIGN AND/OR URBANA, ILLINOIS



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APPLICANT INFORMATI	PPLICANT INFORMATION (PLEASE PRINT LEGIBLY)				
CHECK ONE:	☐ INDIVIDUAL ☐ PARTNERSHIP ☐	CORPORATION LLC	OTHER		
CORPORATE NAME					
BUSINESS NAME (D/B/A)_					
BUSINESS ADDRESS	STREET	CITY STATE	ZIP		
IS YOUR BUSINESS THE RECOR	RD TITLE HOLDER FOR THIS BUSINESS A	ADDRESS? 🗌 YES 🔲 NO			
BILLING ADDRESS	STREET	CITY STATE	ZIP		
	BUSINESS FAX				
MANAGERS NAME	PHONE _	EMAI	L		
ILLINOIS BUSINESS TAX (II	вт) #	(NOTE: 8-DIGIT SALES TAX N	UMBER FROM IL DEPT. OF REVENUE)		
DOES YOUR REGISTERED ADD	RESS ASSOCIATED WITH YOUR IBT # MA	ATCH THE BUSINESS ADDR	ESS ABOVE? ☐ YES ☐ NO		
	TE AT MULTIPLE LOCATIONS IN CHAMPA		NO IF YES, WHAT IS YOUR		
ARE ANY MONIES OWED THE C	TITIES (CHAMPAIGN/URBANA) BY THE AP	PLICANT (E.G. BILLS, TAXI	ES, LICENSES, ETC.)? \square YES \square NO		
IF YES, PLEASE INDICATE WHIC	CH CITY, AMOUNT OWED, FOR WHAT PU	RPOSE AND LENGTH OF TI	ME OWED:		
OWNE					
OWNER	RS/PARTNERS (PLEASE PROVIDE INF	ORMATION FOR ALL OWNE	ERS/PARTNERS)		
1) OWNERS NAME	PHONE	EMAIL			
2) OWNERS NAME	PHONE	EMAIL			
	(ATTACH ADDITIONAL SHEE	ET(S) IF NECESSARY)			
	FOR OFFICE	USE ONLY			
CITY OF CHAMPAIGN \$_ CITY OF URBANA \$_	DATE RECEIV	VED D	CITY LICENSE #		
INFORMATION ON THIS FOR THIS BUSINESS ARE NOT PE	VIDED BY LAW, I DECLARE THAT TO MIS TRUE, CORRECT, AND COMPLE ROHIBITED UNDER ANY STATE, FEDE TABLISHMENT OR MOBILE FOOD TRUE	ETE. I ATTEST THAT I AN ERAL OR LOCAL LAWS C	D ANY OTHER OPERATORS OF		

DATE

PRINTED NAME