



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

OFFICE USE	
Iss _____	
Ent? _____	
Alt? _____	
Faxed _____	

**CHECK ONE:**

- Individual                       Corporation  
 Firm                                 Partnership

**PLEASE PRINT LEGIBLY**

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

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

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

Corporate name \_\_\_\_\_

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

Local phone \_\_\_\_\_ Corporate phone \_\_\_\_\_

Local fax \_\_\_\_\_ Corporate fax \_\_\_\_\_

Local e-mail \_\_\_\_\_ Corporate e-mail \_\_\_\_\_

Hours of operation *Mon* \_\_\_\_\_ *Tue* \_\_\_\_\_

*Wed* \_\_\_\_\_ *Thur* \_\_\_\_\_ *Fri* \_\_\_\_\_

*Sat* \_\_\_\_\_ *Sun* \_\_\_\_\_

**ILLINOIS BUSINESS TAX #** \_\_\_\_\_ -- \_\_\_\_\_  
 (NOTE: This is an 8-digit sales tax number)

Name of full-time manager designated as Certified food handler \_\_\_\_\_

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

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

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

**← (OVER) →**

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

**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**

**FACILITY 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 \_\_\_\_\_

Does your facility drop off and/or deliver food off-premises?     No                       Yes  
 Does your facility prepare, cook or serve food off-premises?     No                       Yes  
 Do you have any food delivery vehicles?                       No                       Yes                      If yes, how many? \_\_\_\_\_

In the past permit year, has your facility changed menu items or food handling practices?                       No     Yes

If yes, please explain: \_\_\_\_\_

**RECORD TITLE HOLDER OF REAL ESTATE ON WHICH THE ABOVE BUSINESS WILL BE CONDUCTED**

\_\_\_\_\_ property owner's name \_\_\_\_\_ street address \_\_\_\_\_

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_ phone \_\_\_\_\_

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

\_\_\_\_\_ title

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

\_\_\_\_\_ date

# EMERGENCY CONTACT INFORMATION

**Boil Water Orders  
Extended Power Outages  
Bioterrorism, etc.**



Should the Champaign-Urbana Public Health District need to immediately contact your local facility in the event of an emergency, please provide the following information.

*Please print!*

Facility name: \_\_\_\_\_ Permit # \_\_\_\_\_

Facility address: \_\_\_\_\_ City: \_\_\_\_\_

Name of local contact person (24 hrs/day):

#1 \_\_\_\_\_ #2 \_\_\_\_\_

Emergency telephone (24 hrs/day):

#1 \_\_\_\_\_ #2 \_\_\_\_\_

If we should need to send emergency documents to your facility, please choose one format and provide the information for that choice (*please print*).

E-mail

E-mail address: #1 \_\_\_\_\_ #2 \_\_\_\_\_

**OR**

Fax

Local fax number: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Date: \_\_\_\_\_ Owner/Manager's name: \_\_\_\_\_

Owner/Manager's signature: \_\_\_\_\_

# Please Note



Your health permit and city license(s) will not be issued until all information on the Champaign-Urbana Public Health District health permit application is provided.

Most frequently omitted are the Illinois Business Tax Number and the name and address of the person/entity who owns the physical property of your facility. To be sure that you have all of the necessary information, please contact the appropriate persons or agencies well in advance of completing your health permit application. For your convenience, we have provided a list of telephone numbers that may be of help to you.

Failure to provide complete information will result in the delay of your health permit and city food license(s). This will delay the opening of your facility.

<b>State of Illinois</b>		
Illinois Business Tax Number	Illinois Dept. of Revenue	(217) 785-6518
<b>Champaign County</b>		
Register Business Name	County Clerk's Office	(217) 384-3720
<b>City of Champaign</b>		
Business License	Finance Department	(217) 403-8940
Building Permit	Fire Dept./Building Safety	(217) 403-6100
Liquor License	Mayor's Office	(217) 403-8720
Alarm Registration	Finance Department	(217) 403-8940
Location/Signs	Planning Department	(217) 403-8800
<b>City of Urbana</b>		
Food & Beverage Tax Registration	Finance Department	(217) 384-2350
Building Permit	Building & Safety Division	(217) 384-2443
Fire Permit	Fire Department	(217) 384-2429
Liquor License	Mayor's Office	(217) 384-2456
Amusement Device License	Finance Department	(217) 384-2368