



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

OTHER 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 _____

NEW! If you are a non-stationary food service and/or you do not operate twelve months a year, list all dates and locations of operations (attach additional sheets as needed).

Date(s) _____ Location _____
Please be specific! (street address or cross streets, city, park name, etc.)

Date(s) _____ Location _____
Please be specific! (street address or cross streets, city, park name, etc.)

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.

State of Illinois		
Illinois Business Tax Number	Illinois Dept. of Revenue	(217) 785-6518
Champaign County		
Register Business Name	County Clerk's Office	(217) 384-3720
City of Champaign		
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
City of Urbana		
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