



# 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		Health Permit #
Street Address		
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)	
Business Hours (indicate all days & times of operation – example: Fri 8am-4pm / Sat 6am-2pm)		

### OWNER & MANAGER INFORMATION

Owner Name	Phone Number (for business)	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 RENEWAL INVOICE ADDRESS (if different from above)

Business Name	Attention	Business 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
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### FOR CUPHD OFFICE USE ONLY

CUPHD Permit \$ _____	Late \$ _____	Date Issued _____
City of Champaign \$ _____	Reinstatement \$ _____	Entered in Datab? <input type="checkbox"/>
City of Urbana \$ _____	Date Paid _____	Alternate Add? <input type="checkbox"/>
Cash/Credit/Check _____		DHD <input type="checkbox"/>
		Date Faxed _____

