

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 licensed premises by the Champaign County Public Health Department, and applicable City personnel.

_____ signature of applicant _____
 _____ print name _____

_____ title _____
 _____ 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: _____