



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**

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 serve/deliver 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-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: _____