

RETAIL FOOD ESTABLISHMENT HEALTH PERMIT APPLICATION

TO OPERATE WITHIN CHAMPAIGN COUNTY, IL



Champaign County Public Health Department
Environmental Health Division
201 W. Kenyon Road, Champaign, IL 61820

Phone: (217) 363-3269
E-mail: eh@c-uphd.org

Incomplete applications will be returned. Please print legibly.

1 COMPLETE SECTION ONE:

Establishment Name (DBA)		Health Permit #
Street Address (or Commissary Address, if Using)		
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) ____ - ____ (Ex: 0000-0000)

2 COMPLETE SECTION TWO:

Operating/Open Days & Times for Offering/Selling/Serving Food/Drink (example: Fri 8am-4pm / Sat 6am-2pm)

In the past permit year, has your facility changed menu items or food handling practices? Yes No Not Applicable - New Permit
If yes, please explain:

Food/Drink Business Owner Name (1)	Phone Number (for business)	E-mail Address (for business)
Food/Drink Business Owner Name (2)	Phone Number (for business)	E-mail Address (for business)
Name of General Manager of Food/Drink Business	Phone Number (for business)	E-mail Address (for business)

3 IS THERE A U.S. MAILBOX FOR YOUR BUSINESS AT THE ADDRESS LISTED ABOVE? YES NO

4 IF NOT, PROVIDE A MAILING ADDRESS BELOW. IF PROVIDED, IS THIS A HOME ADDRESS? YES NO

Business Name	Attention	Business Phone Number	
Mailing Address (for business)	City	State	Zip Code

5 IS THERE A DIFFERENT ADDRESS FOR PERMIT RENEWAL INVOICES? IF SO, LIST IT HERE:

Business Name	Attention	Business Phone Number	
Invoice Address (for business)	City	State	Zip Code

I understand that the issuance of this permit is conditional upon: (1) compliance with all applicable Champaign County Public Health Department 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 is in force. I hereby consent to inspection of the permitted premises by the Champaign County Public Health Department and applicable Champaign County/Village personnel.

Signature	Printed Name	Date
-----------	--------------	------

THIS SECTION FOR CCPHD USE ONLY:

CCPHD Permit	\$ _____	Late	\$ _____	Date Issued	_____
Village License	\$ <u>0</u>	Reinstatement	\$ _____	Entered in Datab? DHD	<input type="checkbox"/> <input type="checkbox"/>
Cash/Credit/Check	_____	Date Paid	_____	Date E-mailed	_____