

RETAIL FOOD ESTABLISHMENT 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
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: Mon-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/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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THIS SECTION FOR CUPHD USE ONLY:

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



City Food License Application
TO OPERATE A FOOD SERVICE/TAVERN/RETAIL FOOD
ESTABLISHMENT/MOBILE FOOD VENDING WITHIN THE
MUNICIPALITIES OF CHAMPAIGN AND/OR URBANA, ILLINOIS



APPLICANT INFORMATION (PLEASE PRINT LEGIBLY)

HEALTH PERMIT # _____

CHECK ONE:

INDIVIDUAL PARTNERSHIP CORPORATION LLC OTHER _____

CORPORATE NAME _____

BUSINESS NAME (D/B/A) _____

BUSINESS ADDRESS _____

STREET

CITY

STATE

ZIP

IS YOUR BUSINESS THE RECORD TITLE HOLDER FOR THIS BUSINESS ADDRESS? YES NO

BILLING ADDRESS _____

STREET

CITY

STATE

ZIP

BUSINESS PHONE _____ BUSINESS FAX _____ EMAIL _____

MANAGERS NAME _____ PHONE _____ EMAIL _____

ILLINOIS BUSINESS TAX (IBT) # _____ - _____ (NOTE: 8-DIGIT SALES TAX NUMBER FROM IL DEPT. OF REVENUE)

DOES YOUR REGISTERED ADDRESS ASSOCIATED WITH YOUR IBT # MATCH THE BUSINESS ADDRESS ABOVE? YES NO

DOES YOUR BUSINESS OPERATE AT MULTIPLE LOCATIONS IN CHAMPAIGN/URBANA? YES NO IF YES, WHAT IS YOUR LOCATION CODE(S)? _____

ARE ANY MONIES OWED THE CITIES (CHAMPAIGN/URBANA) BY THE APPLICANT (E.G. BILLS, TAXES, LICENSES, ETC.)? YES NO

IF YES, PLEASE INDICATE WHICH CITY, AMOUNT OWED, FOR WHAT PURPOSE AND LENGTH OF TIME OWED: _____

OWNERS/PARTNERS (PLEASE PROVIDE INFORMATION FOR ALL OWNERS/PARTNERS)

1) OWNERS NAME _____ PHONE _____ EMAIL _____

2) OWNERS NAME _____ PHONE _____ EMAIL _____

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

FOR OFFICE USE ONLY

CITY OF CHAMPAIGN \$ _____

CITY OF URBANA \$ _____

DATE RECEIVED _____

DATE ISSUED _____

CITY LICENSE # _____

CITY BUSINESS # _____

UNDER PENALTIES AS PROVIDED BY LAW, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION ON THIS FORM IS TRUE, CORRECT, AND COMPLETE. I ATTEST THAT I AND ANY OTHER OPERATORS OF THIS BUSINESS ARE NOT PROHIBITED UNDER ANY STATE, FEDERAL OR LOCAL LAWS OR REGULATIONS FROM OWNING OR OPERATING A FOOD ESTABLISHMENT OR MOBILE FOOD TRUCK.

SIGNATURE OF APPLICANT

PRINTED NAME

DATE

SUBMIT FORM TO THE CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT