



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)		

FOOD/DRINK BUSINESS OWNER & MANAGER INFORMATION

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

FOOD/DRINK BUSINESS 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

Food/drink/kitchen operating hours (indicate all days & times of operation – example: Fri 8am-4pm / Sat 6am-2pm)

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 \$ _____		Alternate Add? <input type="checkbox"/>
Cash/Credit/Check _____	Date Paid _____	DHD <input type="checkbox"/>
		Date Faxed _____

