

Sangamon County Department of Public Health

2833 South Grand Ave. East, Springfield, IL 62703

Phone (217) 535-3145 Fax (217) 747-5103

envhealth@co.sangamon.il.us , website at www.scdph.org

APPLICATION TO OPERATE A SEASONAL FOOD SERVICE ESTABLISHMENT

Important please read!

This application must be filled out completely and fees attached before your license will be processed. Incomplete applications will be returned to applicant.

Notify the office for a pre-opening inspection prior to operation.

Vendor/Business Information:

Name of Vendor/Business: _____

Address: _____
City State Zip

Phone Number: () _____

Water/sewer lines required for medium/high risk. Water/waste retention tanks allowed for low risk.

Public restroom within 100 ft: Location: _____

Manager/Person in Charge Name: _____

Manager/Person in Charge Phone Number: Day _____ Night _____

Start Date: ____/____/____ End Date: ____/____/____

Hours of operation, or you may attach a schedule (**Must be in one location for between 15- 183 days**):

Mondays	_____	Saturdays	_____
Tuesdays	_____	Sundays	_____
Wednesdays	_____		
Thursdays	_____		
Fridays	_____		

Menu Items	Source (where menu items/ingredients are purchased)

IL Certified Food Service Manager Name	Identification Number	Expiration Date

*Per the 2009 Illinois Department of Public Health Food Service Sanitation Code, section 750.540, all Class XIII and XIV facilities **shall** have a minimum of one certified food manager on the premises **at all times** while potentially hazardous food is being handled.

Owner Information:

Owner Name: _____

Owner Address: _____
City State Zip

Phone Number: () _____

Email: _____

Please turn over to complete →→→→→

Mailing/Billing Information:

Below is the address that all of the mailings/billings from Sangamon County Department of Public Health are to go to. If at anytime this address changes, it is my responsibility to notify Sangamon County Department of Public Health.

_____ initials of person filling out form

Name of Person responsible for Receiving Billings & Mailings: _____

Mailing/Billing Address: _____
City State Zip

Phone Number: () _____

License Fees:

_____	Class XIII	Seasonal High risk	\$591.00	
_____	Class XIII	Seasonal Medium risk	\$591.00	
_____	Class XIII	Seasonal Low risk	\$591.00	
_____	Class XIV	Not-for-Profit Seasonal	\$0.00	Tax Exempt # _____
		High		
		Medium		
		Low		

*To assure timely permit processing, please submit permit application and payment **two weeks** before start date.

Reinspection Fees: First=\$100, second=\$150, third-fifth=\$200, six+= \$300 + 50% increase in license fee for next year.

By signing this application you are stating that all of the information on the front and back of this form is true and correct, and that if there are any changes to this information you are responsible for notifying the Sangamon County Department of Public Health of the changes in a timely manner.

Signature of Applicant x _____ Date _____

For Official Use Only

Inspection Date: _____/_____/_____ Director of Environmental Health: _____

Approval Date: _____/_____/_____ Director of Public Health: _____