

**Sangamon County Department of Public Health
2833 South Grand Ave. East, Springfield, IL 62703**

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APPLICATION TO OPERATE AN ANNUAL 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.

For Office Use Only:

Establishment # _____
New/Renewal- start date ____/____/____

New Construction/Remodeling may require a plan review/permits may be required from that jurisdiction (city, town, county). Must be in compliance with the Illinois Plumbing Code (77 ILCS 890).

Establishment Information:

Name of Establishment: _____
Address: _____ City: _____ State: _____ Zip: _____
Establishment Phone : Day _____ Fax Number: _____
Email: _____

For Food Safety Info & Updates

Water Supply: (✓one) Public _____ Private Well _____ Sewer: (✓one) Public _____ Private Septic _____

Manager/Person in Charge Name: _____

Day Phone: _____ Night phone: _____

Days & Hours of Operation: (Schools, please enclose calendar of holidays and breaks.)

M _____ T _____ W _____ TH _____ F _____ S _____ Sun _____

Please attach a copy of the menu

IL Certified Food Service Manager Names	Identification Numbers	Expiration Dates

1. Per IDPH Food Service Sanitation Code (750.540), all **Class I and IV-A facilities shall have a minimum of one certified food manager** on the premises **at all times** while potentially hazardous food is being handled.
2. **Class II and IV-B** facilities shall have a minimum of one full time (30 hr/ week) certified food manager employed at each establishment.
3. Per FDA 2-102.11, all Persons-in-charge (managers) must have a certified food manager.
4. Class II and IV-B facilities shall not use the same person as the sole certified food manager at multiple locations.

Is this facility a "Restaurant", as defined by at least 51% of total sales, excluding liquor, are from ready-to-eat foods prepared for immediate consumption ? Yes _____ No _____

Owner Information:

Owner(s) Name: _____
Owner(s) Address: _____
City State Zip

*Corporation/LLP Name: _____
City State Zip

Registered Agent & Address: _____
City State Zip

Contact Phone Numbers: Day Phone: _____ Night phone: _____

Fax Number: _____ Email: _____

***Please attach Articles of Incorporation and Certificate of Good Standing.**

Mailing/Billing Information:

Below is the address that all of the mailings/billings from Sangamon County Department of Public Health will be sent. It is my responsibility to notify SCDPH if at anytime this address changes.

_____ initials of person filling out form

Name of Person responsible for receiving billings & mailings: _____

Corporation Name (if applicable) _____

Mailing/Billing Address: _____

City State Zip

Phone Number: _____ Billing Email: _____

License Fees:

Annual permit fees may be paid half at the annual period and half at the six-month period.

_____ Class I High Risk	\$906.00	_____ New Plan Review Fee	\$300
_____ Class II Medium Risk	\$731.00	_____ Remodeling Plan Review Fee	\$263
_____ Class III Low Risk	\$418.00	_____ New Facility and/or Owner	\$864
_____ Class IV *Not For Profit (please x one)	-0-		
_____ A - High			
_____ B - Medium			
_____ C - Low		*Tax Exempt #	_____
_____ Class XVI Retail A (>15,001 sq ft)	\$766		
_____ Class XVI Retail B (5,001-15,000 sq ft)	\$681		
_____ Class XVII Retail C (<5,000 sq ft)	\$490		

Re-inspection Fees:

First Re-inspection Fee	\$125.00
Second Re-inspection Fee	\$150.00
Third Thru Fifth Re-inspection Fee	\$200.00
Sixth or more Re-inspection Fee	\$300.00

Late Fees:

1. Permit holders who are late paying their annual fee(s) or completing a new application for renewal shall be subject to a \$100 late fee.
2. Unpaid food establishment / retail store permit or license with fees and/or late fees 30 days past applicable payment due dates may be subject to suspension by the Board of Health.

I understand that if I do not pay my license fee by the due date, I will be assessed a \$100 late fee and any unpaid fees 30 days past due may result in license suspension.

_____ initials of person filling out form

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 the Sangamon County Department of Public Health of the changes in a timely manner.

Signature of Applicant x _____ Date _____

For Official Use Only

11/18

Inspection Date: _____/_____/_____

Director of Environmental Health: _____

Approval Date: _____/_____/_____

Director of Public Health: _____

**Six Month License Agreement
Memorandum of Understanding**

I, a Sangamon County food establishment owner/operator, acknowledge and agree that I have read and understand the following:

- 1. I understand and agree that to qualify for the six month license, all existing re-inspection fees, late fees, or any other outstanding charges to the account must be paid in full prior to the issuance of a 6-month license.**
- 2. I understand and acknowledge that the date my license expires is clearly stated on my Food Service Establishment License.**
- 3. I understand and agree that if my licensed is not paid on time, I will be subject to the same late fees as a food service establishment that is paying on an annual basis.**

The late fee schedule is as follows: Permit holders who are late paying their annual fee(s) shall be subject to a \$100 late fee. Unpaid food establishment/ retail store permit or license with fees and/or late fees 30 days past applicable payment due dates may be subject to suspension by the Board of Health.

Signature

Date