

## APPLICATION TO OPERATE A MOBILE 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.

SCDPH Plan review \_\_\_\_\_ Date: \_\_\_\_\_

SCDPH Food Permit \_\_\_\_\_ Date: \_\_\_\_\_

\*To assure timely permit processing, please submit permit application and payment **two weeks** before the first event.

**Vendor/Business Information:**

Name of Vendor/Business: \_\_\_\_\_

Address: (if applicable) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Water Supply: ( X one)                      Public \_\_\_\_\_      Private Well \_\_\_\_\_

Sewer: ( X one)                              Public \_\_\_\_\_      Private Septic \_\_\_\_\_

Manager/Person in Charge Name: \_\_\_\_\_

Manager/Person in Charge Day phone: \_\_\_\_\_ Night phone: \_\_\_\_\_

**Schedule of mobile locations: (add additional sheet if necessary)**

Location	Start Date	End Date	Hours of Operation

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, Class IX-B shall have a minimum of one full time (30 hours per week) certified food manager employed.

**TURN FORM OVER TO COMPLETE**

**Owner Information:**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**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 &amp; mailings: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_

**Fees:**

_____ Class IX	High Risk License	\$591/ \$295.50	New plan review	\$300
_____ Class IX-B	Medium Risk License	\$491/ \$245.50	Remodel plan review	\$263
_____ Class IX-C	Low Risk License	\$313/ \$156.50	New owner	\$864

\_\_\_\_\_ Class XII Not-for-Profit/Mobile \$0.00 Tax Exempt # \_\_\_\_\_

\_\_\_\_\_ High \_\_\_\_\_ Med \_\_\_\_\_ Low

**Reinspect:** 1st (\$125) 2nd (\$150) 3rd-5th (\$200) 6th+ (\$300 +50% next year fee)**Late:** Late Fee (1-day past expiration)= \$100 late fee  
Late Fees 30 days past due may be subject to suspension

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: \_\_\_\_\_