

APPLICATION TO OPERATE A MOBILE FOOD SERVICE ESTABLISHMENT

Important please read!

- *This application must be filled out completely, legible, and fees attached before your license will be processed.
- *Incomplete applications will be returned to applicant.
- *Permit Requirements:5.02.030 Mobile Food Units are required at the time of initial permitting to submit a general floor plan showing locations of fixtures and equipment; and a schematic drawing illustrating the plumbing system including the holding tank sizes and water heater capacity.
- * A Plumbing Inspection on the Mobile Unit is required. It may take up to a week for inspection to take place.
- *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: _____ Mobile Unit Lic. Plate# _____

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: _____

Fees:

_____ Class 1M	Mobile- High Risk License	\$591/ \$295.50	
_____ Class 2M	Mobile-Medium Risk License	\$491/ \$245.50	Mobile Unit plan review \$263
_____ Class 3M	Mobile-Low Risk License	\$313/ \$156.50	New owner \$864
_____ Class NFP	Mobile-Not-for-Profit	\$0.00	Tax Exempt # _____
_____ High	_____ Med	_____ Low	

Reinspect: 1st (\$125) 2nd (\$150) 3rd-5th (\$200) 6th (\$300)

Late: Late Fee (1-day past expiration)= \$100 late fee _____ **initials of person filling out form**
 Late Fees 30 days past due may be subject to suspension

Note*

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)

TURN FORM OVER TO COMPLETE

IL Certified Food Service Manager Name	Identification Number	Expiration Date

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 & mailings: _____
Mailing/Billing Address: _____
City State Zip
Phone Number: _____

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
Pre-Opening Inspection Date: ____/____/____
Approval Date: ____/____/____ Approving Authority: _____
SCDPH Plan review _____ Date: _____
County plumbing inspection (5-301.11 to 5-403 of FDA code) _____ Date: _____
SCDPH Food Permit _____ Date: _____