**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 permittting 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:**

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
<th>Fee</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>1M</td>
<td>Mobile- High Risk License</td>
<td>$591</td>
<td>$295.50</td>
</tr>
<tr>
<td>2M</td>
<td>Mobile-Medium Risk License</td>
<td>$491</td>
<td>$245.50</td>
</tr>
<tr>
<td>3M</td>
<td>Mobile-Low Risk License</td>
<td>$313</td>
<td>$156.50</td>
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<tr>
<td>NFP</td>
<td>Mobile-Not-for-Profit</td>
<td>$0.00</td>
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</table>

Mobile Unit plan review $263
New owner $864

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

**Late:** Late Fee (1-day past expiration) = $100 late fee

Late Fees 30 days past due may be subject to suspension

Note* Initials of person filling out form

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Start Date</th>
<th>End Date</th>
<th>Hours of Operation</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Menu Items</th>
<th>Source (where menu items/ingredients are purchased)</th>
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<tbody>
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</tbody>
</table>
Owner Information:
Owner Name: _____________________________________________________________
Owner Address: ____________________________________________________________
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: ____________________________________________________________
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 Sangamon County Department of Public Health of the changes in a timely manner.
Signature of Applicant x__________________________________________ Date______________

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: ______________

For Official Use Only

IL Certified Food Service Manager Name
Identification Number
Expiration Date

City                                           State                   Zip

IL Certified Food Service Manager Name
Identification Number
Expiration Date

City                                           State                   Zip

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City                                           State                   Zip