

**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 AN ANNUAL FOOD SERVICE ESTABLISHMENT**

**Important please read!**

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

*For Office Use Only:*

Establishment # \_\_\_\_\_  
 New- start date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Renewal-date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*New Construction/Remodeling may require a plan review and/or 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 : \_\_\_\_\_ 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: \_\_\_\_\_ Emergency Contact phone: \_\_\_\_\_

**Days & Hours of Operation:**

(Schools, please enclose calendar of holidays and breaks.) \*OT=Operating Times

Mon. \_\_\_\_\_ OT     Tues. \_\_\_\_\_ OT     Wed. \_\_\_\_\_ OT     Thurs. \_\_\_\_\_ OT  
 Fri. \_\_\_\_\_ OT     Sat. \_\_\_\_\_ OT     Sun. \_\_\_\_\_ OT    ✓ all that apply

**\*Please attach a copy of the menu**

**License Permitting Fees:**

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

**Licensing fees cannot be transferred between owners and establishment locations**

_____ Class 1A High Risk	\$944.00/\$472.00 (6 month)	_____ New Plan Review Fee	\$300.00
_____ Class 2A Medium Risk	\$784.00/\$392.00 (6 month)	_____ Remodeling Plan Review Fee	\$263.00
_____ Class 3A Low Risk	\$500.00/\$250.00 (6 month)	_____ New Facility and/or Owner	\$1,000.00
_____ Non-For-Profits	\$0		
(Mark NFP Risk type)	_____ High    _____ Medium    _____ Low	*Tax Exempt #	_____

**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 plus the following year's license fee increases by 50%

\*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 your facility license.

IL Certified Food Service Manager Names	Identification Numbers	Expiration Dates

**2-102.12 Certified Food Protection Manager**

(A) The PERSON IN CHARGE shall be a certified FOOD protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM.

(B) This section does not apply to certain types of FOOD ESTABLISHMENTS deemed by the REGULATORY AUTHORITY to pose minimal risk of causing, or contributing to, foodborne illness based on the nature of the operation and extent of FOOD preparation. (Low Risk)

**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: \_\_\_\_\_

**Late Fees:**

- 1. Permit holders who are late paying their annual fee(s) or are late completing a new application for renewal shall be subject to a \$100 late fee.**
- 2. Unpaid food establishment 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 or complete my application 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***

Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approving Authority \_\_\_\_\_

**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 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.**

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Signature

Date