



IL Certified Food Service Manager Name	Identification Number	Expiration Date

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

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

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

**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

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*

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

Director of Public Health: \_\_\_\_\_