

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.
- *Unit must remain in a state of mobility and shall be able to be moved upon our request.

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: _____

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 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 \$1,000
_____ 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 Fees (1-day past expiration)= \$100 late fee
 Late Fees 30 days past due may be subject to suspension
Late Fees only applicable to mobile unit that operate consecutively

Initials of person completing this form

Note* Please contact our office if you are not going to operative consecutively

Schedule of mobile locations:

Required to enter at least 3 different events, add additional sheets 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

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 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: _____