

**Sangamon County Department of Public Health**

**2833 South Grand Ave. East, Springfield, IL 62703**

**Phone (217) 535-3145 Fax (217) 747-5103**

**Email: envhealth@sangamonil.gov**

**Website: SCDPH.org**

**APPLICATION TO OPERATE A 6 MONTH FOOD SERVICE ESTABLISHMENT**

**Important please read!**

**\*This application must be filled out completely and fees attached before your license will be processed. If it is not filled out completely, it will be mailed back to you.**

**\*\*No license fees can be transferred between owners or establishments.**

**Vendor/Business Information:**

Name of Vendor/Business: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Water Supply: ( ✓ one)                  Public \_\_\_\_\_          Private Well \_\_\_\_\_

Sewer: ( ✓ one)                          Public \_\_\_\_\_          Private Septic \_\_\_\_\_

Manager/Person in Charge Name: \_\_\_\_\_

Manager/Person in Charge Phone Number: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_          End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Hours of operation, or you may attach a schedule:**

**\*OT=Operating Times**

**✓ check all that apply**

Mon. \_\_\_\_\_ OT     Tues. \_\_\_\_\_ OT     Wed. \_\_\_\_\_ OT     Thurs. \_\_\_\_\_ OT

Fri. \_\_\_\_\_ OT     Sat. \_\_\_\_\_ OT     Sun. \_\_\_\_\_ OT

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

Menu Items	Source (where menu items/ingredients are purchased)

**License Fees:**

\_\_\_\_\_ Class 1A High Risk 6 MONTH      \$472.00

\_\_\_\_\_ Class 2A Medium Risk 6 MONTH    \$392.00

\_\_\_\_\_ Class 3A Low Risk 6 MONTH        \$250.00

\_\_\_\_\_ Class NFP 6 Month-Not-for-Profit \$0.00      Tax Exempt # \_\_\_\_\_  
\_\_\_\_\_ High                          \_\_\_\_\_ Med                          \_\_\_\_\_ Low

\*To assure timely permit processing, please submit permit application and payment **two weeks** before start date.

**Initials of person filling out this form**

**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

**Please turn over to complete →→→→→**

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 Z  
 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: \_\_\_\_\_

Rev. 01/20

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