

MARION COUNTY HEALTH DEPARTMENT
FOOD ESTABLISHMENT PERMIT APPLICATION

FOOD SERVICE ESTABLISHMENT

Name:

Address:

City:

State:

Zip:

Phone:

Email:

MAILING/BILLING INFORMATION (IF DIFFERENT FROM PHYSICAL ADDRESS)

Owner/Operator:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

 DAYS AND HOURS OF OPERATION

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

CERTIFIED FOOD PROTECTION MANAGERS - (NOT APPLICABLE FOR CAT. 3)

Name:	CFPM Number:	Expiration

FEES

Category 1 - High Risk - \$75

Category 2 - Medium Risk - \$50

Category 3 - Low Risk - \$35

By signing this form, you attest to the accuracy of the information provided above and that you will comply with the Illinois Food Code and Marion County Food Ordinance.

Signature: _____

Date: _____

OFFICE USE ONLY

Received: _____

Amount: _____

Permit Number: _____

Check #: _____

Initials: _____

Date Issued: _____

Comments: _____

Preparer: _____

Date: _____