

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