

Owner Information:

Owner Name: _____

Owner Address: _____

City State Zip

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 State Zip

Phone Number: () _____

License Fees:

_____ Class IX	Mobile (high risk, 1 year)	\$175.00	
_____ Class IX-B	Mobile (medium risk, 1 year)	\$175.00	
_____ Class IX-C	Mobile (low risk, 1 year)	\$175.00	
_____ Class XII	Not-for-Profit/Mobile	\$0.00	Tax Exempt # _____

*To assure timely permit processing, please submit permit application and payment **two weeks** before the first event.

Critical Violation & Re-inspection Fees:

Uncorrected Critical Violation Fee	\$25.00
First Re-inspection Fee	\$75.00
Second Re-inspection Fee	\$100.00
Third Thru Fifth Re-inspection Fee	\$150.00
Sixth or more Re-inspection Fee	\$200.00

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

Inspection Date: _____ / _____ / _____ Director of Environmental Health: _____

Approval Date: _____ / _____ / _____ Director of Public Health: _____

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