

**Menard County Health Department c/o Sangamon County Dept. of Public Health**

2833 South Grand Ave. East, Springfield, IL 62703

Phone (217) 535-3145 Fax (217) 747-5103 website www.scdph.org



**APPLICATION TO OPERATE AN ANNUAL 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.

*For Office Use Only:*

Establishment # \_\_\_\_\_  
 New - start date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Renewal - date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Establishment Information:**

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Water Supply: ( X one) Public \_\_\_\_\_ Private Well \_\_\_\_\_ Sewer: (X one) Public \_\_\_\_\_ Private Septic \_\_\_\_\_

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

Days & Hours of Operation: (Schools, please enclose calendar of holidays and breaks)

Monday \_\_\_\_\_ Friday \_\_\_\_\_  
 Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_  
 Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_  
 Thursday \_\_\_\_\_

Please list menu items or attach a copy of the menu:

IL Certified Food Service Manager Names	Identification Numbers	Expiration Dates

\*Per the 2009 Illinois Department of Public Health Food Service Sanitation Code, section 750.540, all **Class I and IV-A** facilities shall have a minimum of one certified food manager on the premises **at all times** while potentially hazardous food is being handled. All **Class II and IV-B** facilities shall have a minimum of one full time (30 hours per week) certified food manager employed at each establishment.

\*\*Class II and IV-B facilities shall not use the same person as the sole certified food manager at multiple locations.

**Is this facility a "Restaurant", as defined by at least 51% of total sales, excluding liquor, are from ready-to-eat foods prepared for immediate consumption ?**    Yes            No

**Owner Information:**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
 \_\_\_\_\_ City State Zip

\*Corporation/LLP Name: \_\_\_\_\_

Registered Agent & Address  
 Name \_\_\_\_\_ City State Zip

Contact Phone Numbers: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please attach Articles of Incorporation if applicable

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

**Mailing/Billing Information:**

"Below is the address that all of the mailings/billings from Menard County Health Department c/o Sangamon County Department of Public Health are to go to. If at anytime this address changes, it is my responsibility to notify the department of any mailing address changes."

\_\_\_\_\_ initials of person filling out form

Name of Person responsible for Receiving Billings & Mailings: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_  
City State Zip

Phone Numbers: \_\_\_\_\_

**License Fees:**

_____ Class I High Risk	\$275.00
_____ Class II Medium Risk	\$225.00
_____ Class III Low Risk	\$200.00
_____ Class IV *Not For Profit	No fee

\*Please check a risk type below and include the facility's Tax exempt #

A - High

B - Medium

C - Low

Tax Exempt# \_\_\_\_\_

Please make checks payable to Sangamon County Department of Public Health

**Note:**

\*\*Any changes in ownership, construction modification or renovation require notification and inspection by the MCHD.

**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 plus the following year's license fee increases by 50%

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**

Inspection Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Director of Environmental Health: \_\_\_\_\_

Approval Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Director of Public Health: \_\_\_\_\_

Ref: MC ORD. #36-06, ILCS 5/5-1052: Requiring application and issuance of valid permits for the operation of food service establishments within Menard County. No person shall operate a food establishment who does not have a valid permit issued to the applicant by the Menard County Health Department. Only those who comply with the requirements of this ordinance shall be entitled to receive or retain such a permit. Permits are not transferable. A valid permit shall be posted in a conspicuous place in every food establishment.