

MENARD COUNTY HEALTH DEPARTMENT
c/o Sangamon County Department of Public Health
 2833 South Grand Ave. East, Springfield, IL 62703
 Phone (217) 535-3145 Fax (217) 747-5103

Website: www.scdph.org Email: envhealth@sangamonil.gov

APPLICATION TO OPERATE A SEASONAL 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.

Vendor/Business Information:

Name of Vendor/Business: _____

Address: _____

Phone Number: _____

Water/ sewer lines required for medium/high risk. Water/waste retention tanks allowed for low risk.

Public restroom within 100 ft: Location: _____

Manager/Person in Charge Name: _____

Manager/Person in Charge Phone Number: () _____

Start Date: ____/____/____ End Date: ____/____/____

Hours of operation, or you may attach a schedule (**Must be in one location for atleast 15 but no more than 183 days**):

| | | | |
|------------|-------|-----------|-------|
| Mondays | _____ | Saturdays | _____ |
| Tuesdays | _____ | Sundays | _____ |
| Wednesdays | _____ | | |
| Thursdays | _____ | | |
| Fridays | _____ | | |

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

| IL Certified Food Service Manager Name | Identification Number | Expiration Date |
|--|-----------------------|-----------------|
| | | |
| | | |

*Per the 2009 Illinois Department of Public Health Food Service Sanitation Code, section 750.540, all Class XIII and XIV facilities shall have a minimum of one certified food manager on the premises **at all times** while potentially hazardous food is being handled.

Owner Information:

Owner Name: _____

Owner Address: _____

Phone Number: () _____

City State Zip

Please turn over to complete →→→→→

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 XIII | Seasonal High risk | \$175.00 | |
| _____ Class XIII | Seasonal Medium risk | \$175.00 | |
| _____ Class XIII | Seasonal Low risk | \$175.00 | |
| _____ Class XIV | Not-for-Profit Seasonal | \$0.00 | Tax Exempt # _____ |

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

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: _____