

**Macon County Health Dept.**  
 1221 E. Condit Street, Decatur, IL 62521  
 Phone (217) 423-6988 Fax (217) 423-0992



**Public Health**  
 Macon County  
 Health Department

**\* PLEASE DO NOT WRITE IN THIS BOX \***

New? Y or N    New Folder \_\_\_\_\_    Put In Computer \_\_\_\_\_  
 Notify Inspector \_\_\_\_\_  
 Lic Fee: \_\_\_\_\_    Check#: \_\_\_\_\_    Or Cash?   
 Date Payment Rec: \_\_\_\_\_    Initials: \_\_\_\_\_  
 Date Lic Mailed: \_\_\_\_\_    Given in Office? \_\_\_\_\_

**Application to Operate a  
 Food Service Establishment**

FOR LICENSE YEAR: \_\_\_\_\_ **(PLEASE PRINT)**    Emergency Ph#: \_\_\_\_\_

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

Address: \_\_\_\_\_ Hours Open: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person/Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mail Permit to Address: \_\_\_\_\_

(If different than above)

**CERTIFIED FOOD PROTECTION MANAGER & EXPIRATION DATE REQUIRED FOR CATEGORY 1 & 2 FOOD ESTABLISHMENTS**

Name \_\_\_\_\_ Certificate ID #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name \_\_\_\_\_ Certificate ID #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name \_\_\_\_\_ Certificate ID #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name \_\_\_\_\_ Certificate ID #: \_\_\_\_\_ Exp. Date \_\_\_\_\_



I affirm that the above information is true to the best of my knowledge and belief. (Please sign by star)

Applicant's Signature

Date

**NOTE: PRIORITY VIOLATIONS** determined at the time of an inspection will be charged a re-inspection fee of \$75 per re-inspection.

**Establishment Classification and Permit Fee**

General Food Permits	Fee	1st Time Permit w/Surcharge		Plan Review Surcharge
			After 6/30	
Class A - Category 1	\$600	\$800	\$600	\$300
Class B - Category 2	\$400	\$525	\$400	\$200
Class C - Category 3	\$200	\$275	\$200	\$125
Class D - Fee Exempt	\$0	\$ 0	\$ 0	\$ 0

Note:  
 High Risk = Class A  
 Medium = Class B  
 Low = Class C  
 Class D may be High, Medium or Low Risk.  
 If you are not sure what risk category you are contact Environmental Health.

**Do Not Write Below This Line. For Official Use Only.**

ZONE: _____  CLASS _____  CATEGORY _____	_____ Sanitarian, Macon County Health Department	_____ Date
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