

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

**Application to Operate a
 Food Service Establishment**

*** 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? _____

SEASONAL

(Please Print)

FOR LICENSE YEAR: _____

(City of Decatur Temporary Stand
 Seasonal Operational Dates are:
 March 15 - November 30)

EMERGENCY CONTACT PH#: _____

Name of Business: _____

Business Hours: _____

Business Site Address: _____

Owner: _____ **Phone Number:** _____

Owner's Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mail Permit to Address: _____
 (If Different than above)

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

PRINT Name and ID Number of person(s) with an Food Protection Manager Certification: (Use Back if Needed)

NAME: _____ Sanitation Cert. ID No: _____ Expires: _____

NAME: _____ Sanitation Cert. ID No: _____ Expires: _____

Seasonal/Mobile	Fee	1st time w/Surcharge		Plan Review Surcharge
			After 6/30	
Class A - Category 1	\$300	\$500	\$350	\$200
Class B - Category 2	\$250	\$400	\$275	\$150
Class C - Category 3	\$200	\$325	\$225	\$125

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



Applicant's Signature

Date

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

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