

**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**

**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)

**SANITATION CERTIFICATE ID & EXPIRATION DATE REQUIRED FOR CATEGORY 1 & 2 FOOD ESTABLISHMENTS**

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

**NAME:** \_\_\_\_\_ **Sanitation Cert. ID No:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **Sanitation Cert. ID No:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

<b>Seasonal/Mobile</b>	<b>Fee</b>	<b>1st time w/Surcharge</b>		<b>Plan Review Surcharge</b>
			<b>After 6/30</b>	
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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