

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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