

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)



_____ Date

Applicant's Signature

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

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