

APPLICATION FOR A MCLEAN COUNTY FOOD PERMIT

McLean County Health Department
200 W. Front St., Room 204
Bloomington, IL 61701
Website: www.mclean.gov/Health
Ph.: (309) 888-5482
Fax: (309) 888-5506

(Type or Print)

I. Name of Establishment: _____

Street Address: _____

City/State/Zip: _____

Establishment Telephone Number: _____

Establishment Fax Number: _____

Establishment E-mail Address: _____

II. Billing/Mailing Information (if different from above):

Attn: _____ Telephone: _____

Business/Company Name: _____

Address/City/State/Zip: _____

Permit should be sent to: Billing Address Establishment

III. The undersigned applicant is:

Check One: Individual Partnership Corporation L.L.C. Government Unit

A. If *Individual*, give name: _____

Address/City/State/Zip: _____

B. If a *Partnership*, give names and mailing address of all Partners:

1. Name: _____

Address/City/State/Zip: _____

2. Name: _____

Address/City/State/Zip: _____

3. Name: _____

Address/City/State/Zip: _____

(over)

C. If a Corporation, L.L.C., or Governmental Unit, give name and mailing address:

Name: _____

Address/City/State/Zip: _____

IV. Is the applicant exempt from paying a permit fee? Yes No

**Note: Governmental units and charitable, tax exempt, not-for-profit corporations registered under Section 501 (c) (3) of the Internal Revenue Service are exempt from paying a McLean County Food Permit fee. If the applicant is registered under Section 501 (c) (3), a copy of the Internal Revenue Service document attesting to this status must be attached to this application.*

V. The applicant(s) hereby agrees and acknowledges that he/she fully understands that any permit issued hereunder can be suspended or revoked in accordance with the McLean Revised Code.

Signature of Applicant

Date

Print Name

Title

For Office Use Only

1. Food Permit Classification: _____

2. Permit #: _____

3. Check Fee Type: Before June 30 Seasonal
 After June 30 Exempt

4. Assigned Fee: _____

5. Date Fee Received: _____

6. Fee Received By: _____

7. If fee will be transferred, include existing permit #: _____

8. Application Approved: Yes No

Food Program Supervisor Signature

Date