

APPLICATION FOR A MCLEAN COUNTY FOOD PERMIT

McLean County Health Department, 200 W. Front St., Room 304, Bloomington, IL 61701
Ph.: (309) 888-5482 Fax: (309) 888-5506 Website: <http://health.mcleancountyil.gov>

***** Check the box in front of the e-mail address(es) where you want food inspection results sent.**

(Type or Print)

I. Name of Establishment: _____

Street Address: _____

Suite. # or PO Box: _____

City/State/Zip: _____

Establishment Telephone Number: _____ Fax Number: _____

Establishment E-mail Address: _____

II. Mailing Information (if different from above):

Attn: _____ Telephone: _____

Business/Company Name: _____

Address/City/State/Zip: _____

III. The undersigned applicant is:

Check One: Individual Partnership Corporation L.L.C. Other

A. Individual or Partners

Name: _____

Address/City/State/Zip: _____

E-Mail _____ Phone _____ Fax _____

Name: _____

Address/City/State/Zip: _____

E-Mail _____ Phone _____ Fax _____

B. If a Corporation, L.L.C., or Other, give name and mailing address:

Name: _____

Address/City/State/Zip: _____

Corporate Phone _____ Corporate Fax _____

Corporate E-Mail _____

IV. Is this establishment planning to sell or serve liquor? Yes No

V. Local Emergency Contact Info: Name: _____ Home phone: _____

E-mail: _____ Cell: _____ Fax: _____

Secondary Contact: Name: _____ Home Phone: _____

E-mail: _____ Cell: _____ Fax: _____

VI. 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 Owner or Corporate Officer

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