APPLICATION FOR A MCLEAN COUNTY FOOD PERMIT

McLean County Health Department, 200 W. Front St., Room 500D, 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_____

(over)

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 ☐ After June 30 ☐ Seasonal ☐ 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