

COLES COUNTY HEALTH DEPARTMENT
825 18th Street • P.O. Box 1064
Charleston, IL 61920
(217) 348-0530

FOR OFFICE USE ONLY:
Establishment # _____
CK/CH/MO # _____

**APPLICATION FOR PERMIT
To OPERATE A FOOD ESTABLISHMENT**
(please fill-out completely, including signature)

PERMIT TYPE AND FEE (check one):

- 1. Category 1 (\$200.00)
- Category 2 (\$150.00)
- Category 3 (\$125.00)
- 2.. Non-profit organizations (No Charge)

Name of Establishment _____ Date _____
Address of Establishment _____ City _____ Zip _____
Mailing Address of Establishment _____ City _____ Zip _____

Operator or Manager _____
Establishment Phone Number _____ Emergency Phone Number _____
Establishment FAX Number _____ E-Mail _____
Address _____
 Individual Firm Corporation Partnership*

____ Food Service Headquarters Street City State Zip

____ Chief Executive Officer Street City State Zip

***If partnership, full names and complete addresses of all partners must be provided on the back of this sheet.**

Hours of Operation:

Monday _____ Tuesday _____ Wednesday _____
-
Thursday _____ Friday _____ Saturday _____ Sunday _____
-

CERTIFIED FOOD SERVICE SANITATION MANAGER: (CATEGORY I ESTABLISHMENT: PROVIDE ADDITIONAL NAMES ON BACK OF APPLICATION.)

Name/Title _____ Number _____ Expiration Date _____

____ *Has this facility changed menu items or food handling practices between October 1, 2006 and September 30, 2007?
 Yes No If yes, please explain: _____

____ I affirm that the above information is true to my best knowledge and belief.

____ Applicant(s) Name (please print) **X** Applicant(s) Signature

Applicant's Address _____ City _____ Zip _____

FOR OFFICE USE ONLY:

Inspection of premises made _____

Date Received:

Approved by _____

Permit issued _____