



COMMUNITY DEVELOPMENT DEPARTMENT
2 Community Blvd.
847-459-2620 Fax 847-459-2656

APPLICATION FOR HEALTH PERMIT

Establishment Name: _____
(As it will appear on the Permit)

Address: _____ Phone _____

Email: _____ Fax _____

Website: _____

Type of Ownership: Single Proprietor _____ Partnership _____ Corporation/LLC _____

Corporation Name: _____

| List of Owners: | Title | Address (incl. city, zip code) | Phone |
|-----------------|-------|-----------------------------------|-------|
|-----------------|-------|-----------------------------------|-------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Establishment Type: _____

Establishment Assessment: (check one)

Cooking, cooling and reheating Cooking and serving Prepackaged only

Other: _____

Illinois State Certified Food Service Manager(s):

Name: _____ Certification #: _____

Pest Control Company: _____ Phone: _____

Applicant's Name Applicant's Signature Date

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FOR OFFICE USE ONLY

Date Permit Issued: _____ Establishment Number: _____ Risk Level _____