



**VILLAGE OF WHEELING
COMMUNITY DEVELOPMENT DEPARTMENT**

Application for Health Permit

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

Address: _____ Phone _____

Type of Ownership: Single Proprietor _____ Partnership _____ Corporation _____

List of Owners (Corporation name first) Title Address (incl. city) Phone
(if Corporation, list owner and registered agent)

Type of Establishment: _____

Illinois State Certified Food Service Manager(s):

Name: _____ Certification #: _____

Garbage Disposal Company: _____ Phone: _____

Pest Control Company: _____ Phone: _____

Applicant's Name

Applicant's Signature

Date of Application

FOR OFFICE USE ONLY

Date Permit Issued: _____

Establishment Number: _____ Risk Level _____

Village Health Officer

Village of Wheeling
Community Development Dept.
2 Community Blvd
Wheeling, IL 60090
(847) 459-2620