



FOOD SERVICE FACILITY LICENSE APPLICATION

I/we hereby apply for a license to operate a food service establishment in Jefferson County for the period beginning January 1 and ending December 31, _____.

Name of Establishment _____ Phone () _____

Street Address _____ City _____ State _____ Zip _____

Licensee/Owner _____ Phone () _____

Mailing Address _____ City _____ State _____ Zip _____

**Annual permit renewal notices and operating permits will be mailed directly to mailing address provided*

Email Address _____ Fax Number _____

Please list Certified Food Handler(s) and managers on staff - Name, ID#, and Expiration Date

Please check what type of facility you are applying for:

- | | | |
|--|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Gas Station (Retail) | <input type="checkbox"/> Day Care |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Gas Station (Food Service) | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Tavern | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Long Term Care Facility |
| <input type="checkbox"/> School | <input type="checkbox"/> Commissary | |
| <input type="checkbox"/> Grocery (sq. ft. of building _____) | <input type="checkbox"/> Grocery w/deli (Sq. ft. of building _____) | |
| <input type="checkbox"/> Other _____ | | |

Business Hours _____ to _____ Days Closed _____

IF THE FACILITY HAS BEEN CLOSED, THE MENU HAS CHANGED, THE FACILITY NAME HAS CHANGED, OR IF THERE HAS BEEN A CHANGE OF OWNERSHIP, PLEASE CONTACT THE OFFICE IMMEDIATELY AT 618-244-7134.

BY SIGNING THIS APPLICATION, IT IS AGREED THAT THE ESTABLISHMENT WITHIN JEFFERSON COUNTY, ILLINOIS, WILL COMPLY WITH THE PROVISIONS OF THE ILLINOIS RETAIL SERVICE SANITATION CODE, FDA FOOD CODE AND STANDARDS APPLICABLE TO THIS TYPE OF FOOD HANDLING ESTABLISHMENT.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

PAYMENT INFORMATION

Please see fee schedule on back for pricing

Please return this completed, signed and dated application and fee in the form of a check (), cashier's check () or money order () made payable to the JEFFERSON COUNTY HEALTH DEPT.

You can pay in person, or mail payment directly to:

Jefferson County Health Department
4102 S Water Tower Place
Mt. Vernon, IL 62864

OFFICE USE ONLY

Amt Rcvd. _____
 Cash _____ Check # _____
 Card Type _____ Date Rcvd. _____
 Rcvd By _____
 Apvd By _____ Mailed _____