

STICKNEY PUBLIC HEALTH DISTRICT

5635 STATE ROAD - BURBANK, ILLINOIS 60459 - (708)424-9200 Ext. 2123 Fax-(708)424-8343

FOOD PERMIT APPLICATION

NAME OF BUSINESS _____ PHONE _____

ADDRESS _____ FAX # _____

CITY, STATE, ZIP _____

NAME OF APPLICANT _____ PHONE _____

ADDRESS _____ FAX # _____

CITY, STATE, ZIP _____ Email _____

BUSINESS IS FOOD SERVICE _____ MOBILE _____ RETAIL _____ VENDING _____

OWNERSHIP IS INDIVIDUAL _____ CORPORATION _____ PARTNERSHIP _____

CORPORATIONS MUST COMPLETE THIS SECTION

NAME OF COPORATION _____ PHONE _____

ADDRESS _____ FAX # _____

CITY, STATE, ZIP _____

LIST CORPORATE OFFICERS

PRESIDENT _____ Home Phone _____

Home Address _____

VICE PRESIDENT _____ Home Phone _____

Home Address _____

OFFICER'S NAME & TITLE _____ HomePhone _____

Home Address _____

CERTIFIED MANAGER'S NAME	IL FSS CERTIFICATE #	EXPIRATION DATE

NAME OF BUILDING OWNER _____ PHONE _____

HOME ADDRESS, CITY, STATE, ZIP _____

Permits shall not be transferable from one person to another person or place. A valid permit shall be posted in every food service establishment. I understand the issuance of this permit is conditioned upon compliance with all applicable rules and regulations and the results of any inspection of the above premises or any subsequent inspection while this permit is in force. I also understand that all fees must be paid before a permit can be issued including any vending machine fees.

Signature of applicant _____

Date _____

FOR OFFICE USE ONLY

Permit# _____ date issued _____ risk _____ fee _____

Approved by _____ date _____ comments _____