

STICKNEY PUBLIC HEALTH DISTRICT
5635 STATE ROAD - BURBANK, ILLINOIS 60459
708/424-9200 Fax: (708) 424-8343

SPECIAL USE PERMIT APPLICATION

PLEASE PRINT

1. NAME OF BUSINESS/ORGANIZATION _____
2. ADDRESS & PHONE _____
3. NAME OF FUNCTION _____
4. SPONSOR OF FUNCTION _____
5. LOCATION OF FUNCTION _____
6. DATE(S) OF FUNCTION _____
7. TIME OF FUNCTION FROM _____ TO _____
8. FOOD ITEMS- MENU _____

9. NAME OF APPLICANT _____
10. CERTIFIED MANAGER'S NAME _____
11. CERTIFICATION # _____ EXPIRATION DATE _____

Permits shall not be transferable from one person to another person or place. A valid permit shall be posted in every food and drink establishment. An inspection fee of \$100.00 shall accompany the application for each permit. Inspectional fees are non-refundable.

signature of applicant

Inspection Report _____

Date Permit Issued _____

Approved By _____

Permit # _____

Comments _____

of booths _____
pymt rec'd _____
amt rec'd _____
rec'd by _____